

AFFIDAVIT OF ATTORNEY-IN-FACT

State of FLORIDA

County of _____

Before me, the undersigned authority, personally appeared _____
(agent) ("Affiant"), who swore or affirmed that:

1. Affiant is the agent named in the Power of Attorney executed by _____ on _____.
("Principle") (Date)
2. This Power of Attorney is currently exercisable by Affiant. The principle is domiciled in _____.
(name of state, territory, or foreign country)
3. To the best of the Affiant's knowledge after diligent search and inquiry:
 - a. The Principal is not deceased;
 - b. Affiant's authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or guardian advocate; and
 - c. There has been no revocation, partial or complete termination of the Power of Attorney or of Affiant's authority.
4. Affiant is acting within the scope of authority granted in the Power of Attorney.
5. Affiant agrees not to exercise any powers granted by the Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

Affiant/Attorney-In-Fact Signature

Affiant/Attorney-In-Fact Printed Name

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____ 20____ by _____ who is personally known to me or produced a _____ as identification.

(SEAL)

notary public signature

notary public printed name