ATTORNEY IN FACT ACKNOWLEDGMENT

State/Commonwealth of Tennessee }
County of _____ } ss.

On this the _____ day of _____, _____, before me,
Day *Month* *Year*

Betty Krachey, the undersigned Notary Public,
Name of Notary Public

personally appeared _____,
Name of Attorney in Fact

☐ personally known to me **– OR –**
☐ proved to me on the basis of satisfactory evidence

to be the person who executed the within instrument as attorney in fact of

_____,
Name of Person Represented by Attorney in Fact

the principal, and acknowledged to me that he/she subscribed the principal's name thereto and his/her own name as attorney in fact for the purposes therein stated.

WITNESS my hand and official seal.

_____
Signature of Notary Public

Betty Krachey, Notary Public; My commission expires 07/07/2027

Other Required Information
(Printed Name of Notary, Residence, etc.)

Place Notary Seal and/or Stamp Above

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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