AFFIDAVIT OF PRINCIPAL'S COMPETENCE AT TIME OF GRANTING POWER OF ATTORNEY

Affiant Name _____
Affiant Address _____
_____

I, Affiant, being first duly sworn, under penalty of perjury, and upon personal knowledge of the facts and circumstances recited herein, declare that the following statements are true:

1. I am personally aware of the Power of Attorney dated _____, signed by _____, Principal, appointing _____ as agent and attorney in fact.

2. Based on my personal observations, I state with certainty that the Principal was alive and present on the signing date.

3. Based on my personal observations, to the best of my knowledge and belief, the Principal was under no mental disability or impairment, and was of sound mind, with adequate understanding, reasoning, decision making ability, and awareness of the purpose and desired results of the Power of Attorney, and approved the choice of the agent and attorney in fact.

Affiant Signature _____ Date _____

State of _____
County of _____

Subscribed and sworn to, or affirmed, before me this _____ day of _____, 20____, by Affiant _____.

(Notary Seal)

_____ _____
Notary Public Signature My commission expires: