

## Power of Attorney Affidavit

I, \_\_\_\_\_, Attorney in Fact for \_\_\_\_\_ under a Power of Attorney dated \_\_\_\_\_ ("POA") do, upon oath, state as follows:

a. To the best of my knowledge, the POA has not been terminated or revoked.

b. I have not, at the time of providing this affidavit and acting pursuant to the POA received actual knowledge or actual notice of the revocation or termination of the POA by death, disability or otherwise, or notice of any facts indication the same.

\_\_\_\_\_  
SIGNATURE

Sworn and subscribed by \_\_\_\_\_ before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_