

STATE OF **FLORIDA**

COUNTY OF _____

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

1. Affiant is the attorney-in-fact named in the Durable Power of Attorney executed by
_____ (“Principal”) on _____.
2. This Durable Power of Attorney is currently exercisable by Affiant. The Principal is domiciled in
_____.
3. To the best of the Affiant’s knowledge after diligent search and inquiry:
 - a. The Principal is not deceased; and
 - b. There has been no revocation, partial or complete termination by adjudication of
incapacity or by the occurrence of an event referenced in the power of attorney, or
suspension by initiation of proceedings to determine incapacity or to appoint a guardian.
4. 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knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer
valid because of the death or adjudication of incapacity of the Principal.

Affiant/Attorney-in-fact

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____ by

_____ (affiant)
who produced _____ as identification.

(Signature of Notary Public)

(Printed name of Notary Public)