

AFFIDAVIT OF AGENT FORM

STATE OF _____
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 _____ (“Principal”) on _____ (date).
2. This Power of Attorney is currently exercisable by Affiant. The principal is domiciled in _____ (insert state, territory, or foreign country).
3. To the best of the Affiant’s knowledge after diligent search and inquiry:

The Principal is not deceased;

Affiant’s authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or guardian advocate; and

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 Affiant agrees not to exercise any powers granted by the Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.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)

Sworn to (or affirmed) and subscribed before me this the ____ day of _____ (month), _____ (year), by _____ (Affiant)

(Signature of Notary Public- State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification _____
(Type of Identification Produced)