

**AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY
AND AGENT'S AUTHORITY
(G.S. 32C-3-302)**

I, _____ (*Name of Agent*), do hereby state and affirm the following under penalty of perjury:

- (1) _____ (*Name of Principal*) granted me authority as an agent or successor agent in a power of attorney dated _____.
- (2) The powers and authority granted to me in the power of attorney are currently exercisable by me.
- (3) I have no actual knowledge of any of the following:
 - (a) The principal is deceased.
 - (b) The power of attorney or my authority as agent under the power of attorney has been revoked or terminated, partially or otherwise.
 - (c) The principal lacked the understanding and capacity to make and communicate decisions regarding his estate and person at the time the power of attorney was executed.
 - (d) The power of attorney was not properly executed and is not a legal, valid power of attorney.
 - (e) (*Insert other relevant statements*)
- (4) I agree not to exercise any powers granted under the power of attorney if I become aware that the principal is deceased, that the power of attorney has been revoked or terminated, or that my authority as agent under the power of attorney has been revoked or terminated.

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature _____
Date

Agent's Name Printed: _____

Agent's Address: _____

Agent's Telephone Number: _____

COUNTY OF _____, STATE OF _____

Sworn to or affirmed and subscribed before me this day by _____.

Date: _____

Signature of Notary Public

(Official Seal)

_____, Notary Public
Print or Type Notary's Name

My commission expires: _____