AFFIDAVIT – CONCERNING POWER OF ATTORNEY
Section 4305, California Probate Code

The undersigned affiant, being first duly sworn, deposes and says:

I am the attorney-in-fact for _____________, authorized to act as set forth in that certain Power of Attorney dated _____________, recorded on _____________, as Instrument No. _____________, Official Records of _____________ County, California.

I have and at all times prior hereto, I have had no knowledge of the termination of said Power of Attorney by revocation or by the principal’s death or incapacity.

I understand that my signing and using this Affidavit is conclusive proof of my authority and of the non-revocation of said Power of Attorney and that this Affidavit is given for the benefit of, and is relied upon by all parties hereafter dealing with or who may acquire an interest or lien on the property herein described.

The real property affected by the exercise of said Power of Attorney is described in Exhibit “A” attached hereto. Real Property described is commonly known as ________________.

DATED: ____________________

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of ____________________

On ____________________, before me ____________________, Notary Public, personally appeared ____________________, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

______________________________
Signature