

AFFIDAVIT
(Iowa Code 633.706)

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
(attorney in fact/"Affiant"), who swore or affirmed that:

1. Affiant is the attorney in fact named in the Durable Power of Attorney executed by _____
_____ ("Principal") on _____ (date).

2. To the best of Affiant's knowledge after diligent search and inquiry:

(a) The Principal is not deceased, has not been adjudicated incapacitated, and has not
revoked, partially or completely terminated, or suspended the Durable Power of
Attorney; and

(b) The Affiant has no actual knowledge of the revocation or termination of the power of
attorney, by death, disability or incompetence.

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Affiant attains knowledge that it has been revoked, partially or completely terminated,
suspended, or is no longer valid because of the death or adjudication of incapacity of the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

On this _____ day of _____ 20____ before me, _____
(insert title of acknowledging officer) personally appeared _____

(full name of signer of instrument) to
me known (or proved to me on basis of satisfactory evidence) to be the person who is named in

and who executed the foregoing instrument and acknowledged that he/she executed same as his/her own voluntary act and deed.

Notary Public in State of Iowa

Print Name of Notary: _____

My Commission Expires:
