

AFFIDAVIT

(KRS 384-020)

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.

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agrees not to exercise any powers granted by the Durable Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.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

STATE OF _____

_____ County

Before me, the undersigned authority, came the grantor who is of sound mind and eighteen (18) years of age, or older, and acknowledged that he voluntarily dated and signed this writing or directed it to be signed and dated as above.

Done this ____ day of _____, 20____.

Signature of Notary Public or other officer.

Date commission expires:
