AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF **ATTORNEY AND AGENT'S AUTHORITY**

State of	
(County) of	
I,	, (Name of Agent), certify under penalty of (Name of Principal) granted me a power of attorney dated
I further certify that to my knowledge:	
	oked the Power of Attorney or my authority to ower of Attorney and my authority to act under d;
(2) if the Power of Attorney was drafted event or contingency, the event or conting	l to become effective upon the happening of an ency has occurred;
(3) if I was named as a successor agent, serve; and	the prior agent is no longer able or willing to
(4)(Insert other relevant statemen	its)
SIGNATURE AND ACKNO	OWLEDGMENT
Agent's Signature:	(Date)
Agent's Name Printed:	
Agent's Address:	
Agent's Telephone Number:	
This instrument was acknowledged before By(I	nme on (Date) Name of Agent).
Signature of notarial officer:	
(Seal, if any)	
My commission expires:	