



Affidavit of attorney-in-fact

Power of Attorney document must currently be on file or attached to this form.

Principal: _____

Attorney-In-Fact: _____

Date POA Executed: _____
(Date POA document was signed and notarized by the Principal)

I, the undersigned party acting as Attorney-In-Fact under a Power of Attorney, do hereby declare under penalty of perjury that the Power of Attorney currently on file with CIT Bank, a division of First-Citizens Bank & Trust Company, or attached, is valid and to the best of my knowledge has not been terminated by revocation or by the principal's death or incapacity.

Attorney-In-Fact's Signature

Date

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

All Signature(s) must be notarized

State of _____

County of _____

On _____ before me, _____
DATE NAME OF NOTARY PUBLIC

personally appeared _____
NAME(S) OF SIGNER(S)

personally known to me **or** 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.

WITNESS my hand and official seal. _____
SIGNATURE OF NOTARY

Bank Use Only	
Accepted by: _____	Date: _____
Branch Name and Number _____	