



**Affidavit of  
Attorney-in-Fact**

State of \_\_\_\_\_

County of \_\_\_\_\_

The undersigned does hereby state and affirm the following:

- (1) The undersigned is the person named as Attorney-in-Fact in the Power of Attorney executed by \_\_\_\_\_ (“Principal”) on \_\_\_\_\_, \_\_\_\_\_ (the “Power of Attorney”).
- (2) The Power of Attorney is currently exercisable by the undersigned.
- (3) The undersigned has no actual knowledge of any of the following:
  - a. The Principal is deceased.
  - b. The Power of Attorney has been revoked or terminated, partially or otherwise.
  - c. The Principal lacked the understanding and capacity to make and communicate decisions regarding his estate and person at the time of Power of Attorney was executed.
  - d. The Power of Attorney was not properly executed and is not a legal, valid power of attorney.
- (4) The undersigned agrees not to exercise any powers granted under the power of Attorney if the undersigned becomes aware that the Principal is deceased or has revoked such powers.

This is the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

.....  
State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public of the County of \_\_\_\_\_, State of North Carolina, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

.....