| RECORDING REQUESTED BY: | |
|----------------------------|--|
| AND WHEN RECORDED MAIL TO: | |
| | |
| | |

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT CONFIRMING AUTHORITY UNDER POWER OF ATTORNEY California Probate Code Section 4305

| STATE OF CALIFORNIA |)) SS. | |
|---|--|--|
| COUNTY OF |) | |
| | of legal age, being first duly sworn, deposes and says: | |
| 1. I am the attorney-in-fact for | (herein "Principal") | |
| pursuant to a Power of Attorney dated | , and recorded | |
| on, | as Instrument No, | |
| Official Records of | County, California. | |
| Principal is alive and does not suffer from any incapacity which would affect Principal's ability to enter into contracts or to personally execute the same documents I have been authorized to execute pursuant to said Power of Attorney. | | |
| 3. Principal has not revoked said Power of | f Attorney. | |
| Dated: | | |
| | this certificate verifies only the identity of the individual who te is attached, and not the truthfulness, accuracy, or validity of | |
| Subscribed and sworn to (or affirmed) before | e me on this | |
| , day of,, | , by | |
| proved to me on the basis of satisfactory evident the person(s) who appeared before me. | | |
| Signature | (This area for notary stamp) | |