

**AFFIDAVIT OF ATTORNEY-IN-FACT**  
**(Pursuant to N.C.G.S. 32A-40)**

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 \_\_\_\_\_ [date] (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  - b. The Power of Attorney has been revoked or terminated, partially or otherwise.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 the 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 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Printed or Typed Name: \_\_\_\_\_  
Attorney-in-Fact for: \_\_\_\_\_

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

Signed and sworn to (or affirmed) before me this day by \_\_\_\_\_ [insert name(s) of principal(s)], and I certify that each of the aforesaid person(s) personally appeared before me this day acknowledging to me that he or she signed the foregoing document.

Date: \_\_\_\_\_

\_\_\_\_\_, Notary Public  
Notary's Printed or Typed Name

(Official/Notarial Seal)

My commission expires: \_\_\_\_\_