§5-951. Agent's certification

The following optional form may be used by an agent to certify facts concerning a power of attorney.

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

State of	
County of	
I further certify that to my knowledg	
(1) The Principal is alive and h	has not revoked the Power of Attorney or my authority to act the Power of Attorney and my authority to act under the Power
(2) If the Power of Attorney wa or contingency, the event or contingency	is drafted to become effective upon the happening of an event ency has occurred;
(3) If I was named as a successe and	or agent, the prior agent is no longer able or willing to serve;
(4)	
(Ins	ert other relevant statements)
SIGNATU	JRE AND ACKNOWLEDGMENT
Agent's Signature	Date
Agent's Name Printed	
Agent's Address	
Agent's Telephone Number	
This document was acknowledged be	efore me on(Date)
by	
(Name of Agent)	
	(Seal, if any)
Signature of Notary/Attorney	

My commission expires:	
This document prepared by:	
	[PL 2017, c.
402, Pt. A, §2 (NEW); PL 2019, c. 417, Pt. B, §14 (AFF).]	,
SECTION HISTORY	
PL 2017, c. 402, Pt. A, §2 (NEW). PL 2017, c. 402, Pt. F, §1 (AFF). §14 (AFF).	PL 2019, c. 417, Pt. B,

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