

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

Name
Address
City
State & Zip Code

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN:

AFFIDAVIT CONCERNING POWER OF ATTORNEY
Section 4305, California Probate Code

The undersigned affiant, being first duly sworn, deposes and says:

1. I am the attorney-in-fact for _____, authorized to act as set forth in that certain Power of Attorney dated _____, recorded on _____, as Instrument No. _____, Official Records of _____ County, California.
2. I have and at all times prior hereto, I have had no knowledge of the termination of said Power of Attorney by revocation or by the principal's death or incapacity.
3. I understand that my signing and using this Affidavit is conclusive proof of my authority and of the non-revocation of said Power of Attorney and that this Affidavit is given for the benefit of, and is relied upon by all parties hereafter dealing with or who may acquire an interest or lien on the property herein described.
4. The real property affected by the exercise of said Power of Attorney is described in Exhibit "A" attached hereto. Real Property described is commonly known as _____.

DATE: _____

Signature

State of California
County of _____

Printed Name

Subscribed and sworn (or affirmed) before me on this ___ day of _____, 20____, by

_____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Signature

Space Above Reserved For Notary Seal