

STATE OF _____

COUNTY OF _____

AFFIDAVIT OF ATTORNEY-IN-FACT PER NCGS §32A-40

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 - b. The Power of Attorney has been revoked or terminated, partially or otherwise.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____.

 Attorney in Fact SEAL

STATE OF _____
 COUNTY OF _____

I, _____, a Notary Public for the County of _____ and State of North Carolina, do hereby certify that _____, either being personally known to me or proven by satisfactory evidence (said evidence being _____), personally appeared before me this day, and acknowledged the voluntary due execution of the foregoing instrument by he/she/them for the purposes stated therein.

WITNESS my hand and notarial seal, this ____ day of _____, 20____.
(Affix Notarial Seal below)

 Notary Public _____
 (Type or Print Name)
 My Commission Expires: _____