

**Attorney in Fact Affidavit -
Durable Power of Attorney
Pursuant to Section 709.08(4)(c), F.S**

BEFORE ME, the under signed Notary Public, appeared _____, (hereinafter "Affiant"), who has personal knowledge of the facts and matters set forth herein and being duly sworn, deposes and states:

1. Affiant is Attorney in Fact named in the Durable Power of Attorney executed by (Name of Principal) ("Principal") on _____.
2. This Durable Power of Attorney is currently exercisable by Affiant. The principal is domiciled in (insert name of State, territory, or foreign country).
3. To the best of the Affiant's knowledge after diligent search and inquiry:
 - a. The Principal is not deceased; and
 - b. There has been no revocation, partial or complete termination by adjudication of incapacity or by the occurrence of an event referenced in the Durable Power of Attorney, or suspension by initiation of proceedings to determine incapacity or to appoint a guardian.
4. Affiant agrees not to exercise any powers granted by the Durable Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.
5. Affiant is aware that Grantee/Lender and

are relying upon this Affidavit to issue title insurance policies without exception to the matter(s) noted above. Affiant does hereby indemnify

against any loss or damage occasioned as of reliance upon this Affidavit (including attorneys' fees and costs) caused as a result of any inaccuracies contained in this Affidavit.

6. Affiant is familiar with the nature of an oath and with the penalties provided by the laws of the State of Florida for falsely swearing to statements made in an Affidavit of this nature. Affiant further certifies that he/she has read this Affidavit and completely understands its contents.

Signature

Printed Name

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me, a Notary Public, this _____ day of _____, 20____, by _____.

(Signature of Notary Public)

(Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification
Type of Identification Produced