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| **RECORDING REQUESTED BY:**     **When Recorded Mail Document To:**      |  |
| APN:       | SPACE ABOVE THIS LINE IS FOR RECORDER’S USE |

**AFFIDAVIT – CONCERNING POWER OF ATTORNEY**Section 4305, California Probate Code

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

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.

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.

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.

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      .

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| A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. |

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| DATED:            |  Signature  Print Name |

State of California

County of

Subscribed and sworn to (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.

 (Seal)

Notary Signature