

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

STATE OF MARYLAND
(COUNTY) OF _____

**I, _____ (NAME OF AGENT), CERTIFY
UNDER PENALTY OF PERJURY THAT _____
(NAME OF PRINCIPAL) GRANTED ME AUTHORITY AS AN AGENT OR
SUCCESSOR AGENT IN A POWER OF ATTORNEY DATED**

I FURTHER CERTIFY THAT TO MY KNOWLEDGE:

**(1) THE PRINCIPAL IS ALIVE AND HAS NOT REVOKED THE POWER OF
ATTORNEY OR MY AUTHORITY TO ACT UNDER THE POWER OF
ATTORNEY AND THE POWER OF ATTORNEY AND MY AUTHORITY TO
ACT UNDER THE POWER OF ATTORNEY HAVE NOT TERMINATED;**

**(2) IF THE POWER OF ATTORNEY WAS DRAFTED TO BECOME
EFFECTIVE ON THE HAPPENING OF AN EVENT OR CONTINGENCY, THE
EVENT OR CONTINGENCY HAS OCCURRED;**

**(3) IF I WAS NAMED AS A SUCCESSOR AGENT, THE PRIOR AGENT IS NO
LONGER ABLE OR WILLING TO SERVE; AND**

**(4) THIS AFFIDAVIT IS APPLICABLE TO THE DELEGATION OF
AUTHORITY CONFERRED WITH RESPECT TO THAT REAL PROPERTY
KNOWN AS:**

(LIST ADDRESS OF PROPERTY)

SIGNATURE AND ACKNOWLEDGMENT

AGENT'S SIGNATURE **DATE**

AGENT'S NAME PRINTED

AGENT'S ADDRESS

AGENT'S TELEPHONE NUMBER

**THIS DOCUMENT WAS ACKNOWLEDGED BEFORE ME ON
_____, (DATE)**

**BY _____ (NAME OF AGENT)

(SEAL, IF ANY)**

SIGNATURE OF NOTARY

MY COMMISSION EXPIRES: _____

THIS DOCUMENT PREPARED BY: