

Affidavit Regarding Power of Attorney

I, _____ of _____ County, Massachusetts, do under oath depose and say that I am the attorney in fact named in a Power of Attorney dated _____ executed by principal, _____, of _____ County, Massachusetts and recorded (filed) with _____ County Registry of Deeds (District of the Land Court) in Book _____, Page _____ (Document No. _____) (herewith)

And that at the time of said execution of an instrument, pursuant to said Power of Attorney, dated _____ and recorded (filed) with said Registry herewith (in Book _____ Page _____) (as Document No. _____) I did not have actual knowledge of any revocation or of any termination of said Power of Attorney by death, mental illness or other disability.

Signed under the penalties of perjury this _____ day of _____, 20____.

COMMONWEALTH OF MASSACHUSETTS

_____ County, ss.
_____, 20_____.

Then personally appeared the above-named _____ and made oath that the foregoing statements are true and acknowledged the foregoing to be his/her free act and deed, before me,

, Notary Public

My commission expires: