

CO-AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, _____,
(insert name of agent)

certify that the attached is a true copy of a power of attorney naming the undersigned as agent or co-agent for _____.
(insert name of principal)

I certify that to the best of my knowledge the principal had the capacity to execute the power of attorney, is alive, and has not revoked the power of attorney; that my powers as agent have not been altered or terminated; and that the power of attorney remains in full force and effect.

I certify that to the best of my knowledge _____
(insert name of unavailable agent)

is unavailable due to _____.
(specify death, resignation, absence, illness, or other temporary incapacity)

I certify that prompt action is required to accomplish the purposes of the power of attorney or to avoid irreparable injury to the principal's interests.

I accept appointment as agent under this power of attorney.

This certification and acceptance is made under penalty of perjury.*

Dated: _____

(Co-Agent's Signature)

(Print Co- Agent's Name)

(Co-Agent's Address)

***(NOTE: Perjury is defined in Section 32-2 of the Criminal Code of 1961, and is a Class 3 felony.)**