## § 32C-3-302. Agent's certification.

The following optional form may be used by an agent to certify facts concerning a power of attorney:

## "AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY (G.S. 32C-3-302)

I,	(Name of Agent), do hereby state and affirm the following					
under pe	nalty of	perjury:				
(1)		(Name of Principal) granted me authority as an				
	successor agent in a power of attorney dated					
(2)				e in the power of atto	ornev are currently	
exercisal			ority granted to me	o in the power of the	iney are carrenary	
(3)	•		ledge of any of the f	following:		
	(a)	The principal is deceased.				
	(b)	. /				
	(-)	has been revoked or terminated, partially or otherwise.				
	(c)		The principal lacked the understanding and capacity to make and			
	( )	communicate decisions regarding his estate and person at the time the power				
		of attorney was executed.				
	(d) The power of attorney was not properly executed and is not a					
	( )	power of attorney.				
	(e)	(Insert	other	relevant	statements)	
	· /	•			,	
	at the p	rincipal is decease	ed, that the power of	d under the power of a f attorney has been revolved on the state of the state of th	oked or terminated,	
		SIGNAT	TURE AND ACKNO	OWLEDGMENT		
	A	Agent's Signature		Date		
	Λ	Agent's Name Prin	ated			
	A	rgent's Name Fin	ned			
	A	Agent's Address				
Δ	Agent's	Telephone Numbe	<del></del> er			

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COUNTY OF	, STATE OF
Sworn to or affirmed and subs	cribed before me this day by:
Date:	Signature of Notary Public
(Official Seal)	, Notary Public
(2017-153, s. 1.)	Printed or typed name  My commission expires:

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