

RECORDING REQUESTED BY:

\_\_\_\_\_  
\_\_\_\_\_

WHEN RECORDED MAIL TO:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN: \_\_\_\_\_

**AFFIDAVIT CONCERNING POWER OF ATTORNEY**

Section 4305, California Probate Code

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

1. 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.
2. 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.
3. 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.
4. 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 \_\_\_\_\_  
\_\_\_\_\_.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

State of California  
County of \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Subscribed and sworn (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.

\_\_\_\_\_  
Notary Signature

Space Above Reserved For Notary Seal