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PSRS- 248-2 (07/2019)

# POA Florida Affidavit



Mail Center

Affidavit To Be Submitted By Attorney-In-Fact To A Third Party  
For use with a Florida Durable Power of Attorney  
See Florida Statutes Title 40, Section 709.08

<b>PSERS Member's Name</b>	<b>Last Four Digits of SSN#</b>
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Before me, the undersigned authority, personally appeared \_\_\_\_\_ (attorney in fact) ("Affiant" or "Agent"), who swore or affirmed that:

**1** Affiant/Agent is the attorney in fact named in the Durable Power of Attorney executed by \_\_\_\_\_ (principal) ("Principal") on \_\_\_\_\_ (date).

**2** This Durable Power of Attorney is currently exercisable by Affiant/Agent. The principal is domiciled in \_\_\_\_\_ (Insert name of state, territory, or foreign country).

**3** To the best of the Affiant's/Agent's knowledge after diligent search and inquiry:

- a. The Principal is not deceased, has not been adjudicated incapacitated, and has not revoked, partially or completely terminated, or suspended the Durable Power of Attorney;
- b. A petition to determine the incapacity of or to appoint a guardian for the Principal is not pending.

**4** Affiant/Agent agrees not to exercise any powers granted by the Durable Power of Attorney if Affiant/Agent attains knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

<b>Agent's Signature</b>	<b>Date</b>	<b>Agent's Printed Name</b>
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**Section to be completed by the Notary**

State of _____ County of _____ The foregoing instrument was sworn to (or affirmed) and subscribed before me this _____ day of _____ (month), _____ (year), by _____ (name(s) of person making statement) who is personally known to me or who has produced _____ (type of identification) as identification.	<b>Seal</b>
<b>Notary's Signature</b>	<b>Notary's Printed Name</b>
	<b>Commission Expires</b>