POA Florida Affidavit

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

PSERS Member’s Name

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not to exercise any powers granted by the Durable Power of Attorney if Affiant/Agent attains knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

Agent’s Signature
Date
Agent’s Printed Name

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.

Notary’s Signature
Notary’s Printed Name
Commission Expires