



NJ POWER OF ATTORNEY AFFIDAVIT

STATE OF NEW JERSEY :

ss:

COUNTY OF _____:

_____, being of full age, duly sworn according to law, deposes, certifies and says:

1. I am the Attorney-in-Fact for _____, hereafter called the "Principal", under the terms of a Power of Attorney, dated _____, 20__, which Power of Attorney is about to be recorded in the Office of the Clerk/Register of _____ County; or was recorded in said office on _____, 20__, in Book _____, Page _____; which Power of attorney vested me with authority to act on behalf of the Principal for all purposes as set forth therein.
2. To the best of my knowledge, information and belief, the Power of Attorney is in full force and effect, has not been altered, revoked, nor terminated, and that the Principal is alive.
3. I make this Affidavit under the provisions of N.J.S.A. 46:2B-8.5.

Sworn and subscribed before me

This ___ day of _____, 20__.

Notary/Attorney

Principal Signature