



2416 Sir Barton Way Suite 110 • Lexington, KY 40509
Phone: 800-888-6542 • Fax: 859-335-0307
contact@mountainlife.com • www.mountainlife.com

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of _____

County of _____

I, _____ (Name of Agent), certify under penalty of perjury that _____ (Name of Principal) granted me authority as an agent or successor agent in a power of attorney dated _____.

I further certify that to my knowledge:

(1) the Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;

(2) if the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) if I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature _____

Agent's Name Printed _____

Agent's Address _____

Agent's Telephone Number _____

This document was acknowledged before me on

(Date)

by

(Name of Agent)

Signature of Notary (Seal, if any)

My commission expires: _____