

**CERTIFICATION OF DURABLE POWER OF ATTORNEY BY AGENT**

I, \_\_\_\_\_ (agent), certify under penalty of perjury that:

1. I am the agent named in the power of attorney validly executed by \_\_\_\_\_ (“principal”) on \_\_\_\_\_, and the power of attorney is now in full force and effect.
2. The principal is not deceased and is presently domiciled in \_\_\_\_\_ (city and state/territory or foreign country).
3. To the best of my knowledge after diligent search and inquiry:
  - a. The power of attorney has not been revoked by the principal or suspended or terminated by the occurrence of any event, whether or not referenced in the power of attorney;
  - b. At the time the power of attorney was executed, the principal was mentally competent to transact legal matters and was not acting under the undue influence of any other person;
  - c. A permanent guardian of the estate of the principal has not qualified to serve in that capacity;
  - d. My powers under the power of attorney have not been suspended by a court in a temporary guardianship or other proceeding;
  - e. If I am (or was) the principal’s spouse, my marriage to the principal has not been dissolved by court decree of divorce or annulment or declared void by a court, or the power of attorney provides specifically that my appointment as the agent for the principal does not terminate if my marriage to the principal has been dissolved by court decree of divorce or annulment or declared void by a court;
  - f. No proceeding has been commenced for a temporary or permanent guardianship of the person or estate, or both, of the principal; and
  - g. The exercise of my authority is not prohibited by another agreement or instrument.
4. If under its terms the power of attorney becomes effective on the disability or incapacity of the principal or at a future time or on the occurrence of a contingency, the principal now has a disability or is incapacitated or the specified future time or contingency has occurred.
5. I am acting within the scope of my authority under the power of attorney, and my authority has not been altered or terminated.
6. If applicable, I am the successor to \_\_\_\_\_ (predecessor agent), who has resigned, died, or become incapacitated, is not qualified to serve or has declined to serve as agent, or is otherwise unable to act. There are no unsatisfied conditions remaining under the power of attorney that preclude my acting as successor agent.
7. I agree not to:

- a. Exercise any powers granted by the power of attorney if I attain knowledge that the power of attorney has been revoked, suspended, or terminated;
  - b. Exercise any specific powers that have been revoked, suspended, or terminated.
8. A true and correct copy of the power of attorney is attached to this document.
9. If used in connection with an extension of credit under Section 50(a)(6), Article XVI, Texas Constitution, the power of attorney was executed in the office of the lender, the office of a title company, or the law office of \_\_\_\_\_.

**Date:**

\_\_\_\_\_  
**Agent Signature**

STATE OF TEXAS           §  
                                           §  
 COUNTY OF \_\_\_\_\_ §

**This instrument was acknowledged before me on \_\_\_\_\_, by**  
 \_\_\_\_\_

\_\_\_\_\_  
**Notary Public, State of Texas**