

AFFIDAVIT OF EFFECTIVENESS © (TO BE COMPLETED BY AGENT(S) UPON DELIVERY OF THIS POWER)

STATE OF NEW YORK, COUNTY OF

} SS.:

residing at

(each) being duly sworn do(es) depose and say that I am (we are) the Agent(s) under the above Power of Attorney and that the power of attorney is in full force and effect. That (a) I/we do not have, at the time of the transaction, actual notice of the termination or revocation of the Power of Attorney, or notice of any facts indicating that the power of attorney has been terminated or revoked; (b) I/we do not have, at the time of the transaction, actual notice that the Power of Attorney has been modified in any way that would affect the ability of the AGENT to authorize or engage in the transaction, or notice of any facts indicating that the Power of Attorney has been so modified; and (c) if I/we was/were named as successor Agent(s), the prior Agent(s) is no longer able or willing to serve. This affidavit if given for the purpose of the Agent executing a [describe documents that are executed] knowing that , will reply upon the representations made herein as inducement to accept such instrument(s) and this Power of Attorney as evidence of my/our authority to act.

Agent

Agent

*Sworn to and subscribed before me
This day of ,*

(Notary Sign above and Affix Stamp)

Statutory Power of Attorney

(Pursuant to General Obligations Law § 5-1513)

TITLE NO.

TO.

DISTRICT:

SECTION:

BLOCK:

LOT:

COUNTY OR TOWN:

RECORDED AT THE REQUEST OF

RETURN BY MAIL TO:

RESERVE THIS SPACE FOR USE OF RECORDING OFFICE