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

STATE OF OHIO
COUNTY OF _______________________________

I, ________________________________, certify under penalty of perjury that
_________________________________________________ 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;

(4) (Insert other relevant statements, if applicable)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SIGNATURE AND ACKNOWLEDGMENT

_________________________________________  ______________________________
Agent’s Signature  Date

_________________________________________
Agent’s Name Printed
Agent’s Address

(_________)

Agent’s Telephone Number

STATE OF OHIO
COUNTY OF ______________________________

This document was acknowledged before me on __________________________ (Date), by
____________________________________________________________ (Name of Agent).

_________________________________________
Signature of Notary

My commission expires:  ______________________________________________________

This document prepared by:

_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________