Notarized Statutory Declaration for Power of Attorney

Date:	
Location:	
Declarant Information	
Full Name:	
Address:	
Phone:	
Email:	
Attorney-in-Fact Information	
Full Name:	
Address:	
Phone:	
Email:	<u> </u>
Declaration	
l, , sole legal age and sound mind.	emnly declare that I am the above-named declarant, and I am of
I hereby appoint act on my behalf for the following purposes:	as my Attorney-in-Fact, with the power and authority to
I make this solemn declaration consciention and effect as if made under oath.	usly believing it to be true and knowing that it is of the same force
Declarant's Signature:	
Date:	
Witness / Notary:	
Name:	
Date: Stamp/Seal:	