

**CERTIFICATE OF NON-REVOCATION OF
POWER OF ATTORNEY**

I, _____, hereby certify under penalties of perjury that the attached is a true and exact copy of:

Select one:

___ Durable Power-of-Attorney.

This document remains valid if the principal is currently or become incapacitated. This document will become void upon the death of or revocation by the principal.

___ Non-Durable Power of Attorney

This document will become valid upon the incapacitation of the principal. Proof of incapacitation must be attached to this document. Durable Powers of Attorney will only be added when they become effective and are accompanied by proper documentation verifying that the Power of Attorney is in full force and effect (i.e. Doctor's certification that principal is incapacitated).

I further certify that the same is in full force and effect, and to the best of my knowledge, after diligent search and inquiry, affirm that:

1. I am the Attorney-in-Fact named in the power of attorney executed by the principal on the _____ day of _____, 20____:

Name of Principal: _____
Address of Principal: _____
City, State & Zip: _____
Date of Appointment as Attorney-in-Fact: _____

Name of Attorney-in-Fact: _____
Address of Attorney-in-Fact: _____
Telephone Number(s) Daytime Number: _____
Cell Phone: _____
Driver's License Number: _____; State of Issuance: _____

Name of Credit Union: _____
Address of Credit Union: _____
City State and Zip: _____
Account Number(s): _____

2. The principal of said Power-of-Attorney had the legal authority to make the appointment.
3. The principal in not deceased, and has not revoked or partially or fully terminated or suspended this Power-of-Attorney.
4. There is currently no petition to determine incapacity or appoint a guardian for the principal at this time.
5. The Power-of-Attorney has been filed with the appropriate County Official in the grantor's county of residence.
6. I agree not to exercise any powers granted to me by this Power-of-Attorney if I know of or have a reason to know that it has been revoked, partially or completely terminated, suspended or is no longer valid due to any reason whatsoever, including without limitation, death or adjudication of incapacity of the principal.
7. I agree not to give, transmit, convey or issue any instructions to the Credit Union that I know, or believe are in non-compliance with or in violation of the attached Power-of-Attorney.
8. For the purpose of requesting the Credit Union to act upon my instructions, I do fully indemnify and hold harmless the Credit Union and its officers, directors, employees and affiliates from and against any and all losses, liabilities, claims and costs (including attorneys' fees) arising out of the exercise of any powers granted to me or resulting from any transactions made by me in accordance with my instructions.
9. The attached Power-of-Attorney will remain in full force and effect until such time as written notification of termination or alteration is received by the Credit Union at the address listed above. I agree to promptly notify the Credit Union upon my becoming aware of any modification, rescission or court order affecting said Power-of-Attorney.

Signature: _____

Date

State of _____)

County of _____)

On this _____ day of _____, 20____, before me personally came _____, to me personally known, who, being by me duly sworn, did depose and say that s/he resides in _____, _____, that s/he is the attorney-in-fact for _____, and that s/he is authorized to perform this act as the attorney-in-fact on behalf of and in the name of _____.

Notary _____

My commission expires: _____