

IOWA STATUTORY POWER OF ATTORNEY AGENT'S CERTIFICATION FORM

**AGENT'S CERTIFICATION OF VALIDITY OF
POWER OF ATTORNEY AND AGENT'S AUTHORITY**

State of _____

County of _____

I, _____ (name of agent), certify under penalty of perjury that
_____ (name of principal) granted me authority as an agent or successor agent in a power of
attorney dated _____.

I further certify all of the following to my knowledge:

- The principal is alive and has not revoked the power of attorney or the Power of Attorney and my authority to act under the Power of Attorney have not terminated.
- If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.
- If I was named as a successor agent, the prior agent is no longer able or willing to serve.

(Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature

Date

Agent's Name Printed

Agent's Address

Agent's Telephone Number

This document was acknowledged before me on _____ (date), by _____
(name of agent).

(Seal, if any)

Signature of Notary
My commission expires _____

This document prepared by
