AFFIDAVIT AS TO POWER OF ATTORNEY BEING IN FULL FORCE

STATE OF NEW YORK COUNTY OF)) SS:
	, being duly sworn, deposes and says:
THAT	, as principal, who resides at
	, did in writing under date of,
20, appoint me [his/her] true and	lawful attorney, and that annexed hereto, and hereby made
part hereof, is a true copy of said pow	er of attorney.
THAT, as attorney in fact of s	aid principal and under and by virtue of the said power of
attorney, I have this day executed the	following described instrument(s):

THAT at the time of executing the above-described instrument(s), I had no actual knowledge or actual notice of revocation or termination of the aforesaid power of attorney by death of said principal or otherwise, or notice of any facts indicating the same.

THAT I hereby represent that the said principal is now alive; has not, at any time revoked or repudiated the said power of attorney; and the said power of attorney still is in full force and effect.

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Sworn to before me this day
of, 20