

State Form \_\_\_\_\_ (R/02/05)

## POWER OF ATTORNEY AFFIDAVIT

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

---

NAME

---

ADDRESS

I certify that, presented Power of Attorney is a true and correct copy of the original document.

I swear of affirm that the information I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury.

---

SIGNED

---

DATE