

STATE OF NEW YORK  
SURROGATE'S COURT: COUNTY OF DELAWARE

In the Matter of the Estate of

AFFIDAVIT OF ATTORNEY IN FACT  
PURSUANT TO RULE 207.48(a)(2)

Deceased.

\_\_\_\_\_, being duly sworn, deposes and says that:

- 1.) \_\_\_\_\_, hereinafter referred to as the grantor, did execute a power of attorney on \_\_\_\_\_ appointing me his/her true and lawful attorney in fact. Following the execution of the document, the grantor expressed his/her desire that I act on his/her behalf, and I obtained the original instrument from the grantor.
- 2.) The instrument was executed under the supervision of \_\_\_\_\_, Esq., attorney for the grantor. **OR** No attorney assisted the grantor with execution of the instrument. *Strike out the section that does not apply.*
- 3.) The grantor's current mailing address is \_\_\_\_\_, and the grantor's relationship to the decedent is \_\_\_\_\_, thus the grantor's interest in the above referenced estate is as a distributee OR beneficiary. (*Strike out the interest that does not apply*).
- 4.) As the attorney in fact under the instrument above described I have executed a \_\_\_\_\_ in connection with the above referenced estate proceeding. Upon information and belief, at the time of executing this document, the power of attorney is in full force and effect as the principal is alive and I have no knowledge or notice that the power of attorney has been revoked or terminated by the principal.
- 5.) I make this affidavit for the purpose of inducing the Court to accept the \_\_\_\_\_ currently being submitted on behalf of the grantor in my capacity of attorney in fact under the power of attorney dated \_\_\_\_\_. I have provided the Court with the original or a certified copy of said power of attorney, as well as the fee to record the instrument.
- 6.) I will be receiving no compensation for my services as attorney in fact. **OR** I will be receiving compensation for my services as described in the attached agreement/explanation. *Please strike out any section that does not apply.*

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney in Fact

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public