

WITNESS AFFIDAVIT POA

F.S. (709.2105) (S. 695.03)

State of Florida

County of _____

Before me, the undersigned authority, personally appeared _____,
Witness 1 and _____, Witness 2, who, being first duly sworn, depose and
say:

1. That on the ____ day of _____, 20____, _____, Principal signed a
Power of Attorney in our presence.
2. That we, the undersigned witnesses, were present at the same time and saw
_____, Principal sign the said Power of Attorney.
3. That we, at the request of _____, Principal and in the presence of
each other, signed our names as witnesses to the said Power of Attorney.
4. That _____, Principal appeared to be of sound mind and not
under or subject to any restraint or undue influence at the time of executing the said Power
of Attorney.

Witness 1 Signature

Printed Name

Street Address

City/State/Zip

Witness 2 Signature

Printed Name

Street Address

City/State/Zip

ACKNOWLEDGEMENT

F.S. 695.25

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____ (name of principal acknowledging) who is personally known to me or who has produced _____ as identification.

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)