

**457.430 Agent's certification.**

The following optional form may be used by an agent to certify facts concerning a power of attorney:

AGENT'S CERTIFICATION AS TO THE 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 that to my knowledge:

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

(4) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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:

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**Effective:** July 15, 2020

**History:** Created 2020 Ky. Acts ch. 41, sec. 62, effective July 15, 2020.