

**633B.302 Agent’s certification — optional form.**

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

IOWA STATUTORY POWER OF ATTORNEY AGENT’S  
CERTIFICATION FORM  
AGENT’S CERTIFICATION OF 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 all of the following to my knowledge:

The principal is alive and has not revoked the power of attorney or the power of attorney and my authority to act under the power of attorney have not terminated.

If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.

If I was named as a successor agent, the prior agent is no longer able or willing to serve.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2014 Acts, ch 1078, §44; 2015 Acts, ch 29, §111  
Referred to in §633B.119, 638.9