The attorney-in-fact acknowledges that the signature below is his/her signature.

*[Attorney-in-Fact] [Date]*

STATE OF OREGON )

) ss.

County of )

*[Insert name of Attorney-in-Fact]* personally appeared before me who, being duly sworn, did say and acknowledge that the following signature is his/her signature.

SUBSCRIBED AND SWORN to before me this day of , .

NOTARY PUBLIC FOR OREGON

My commission expires:

**IMPORTANT NOTICES**

This material is provided for informational purposes only and does not establish, report, or create the standard of care for attorneys in Oregon, nor does it represent a complete analysis of the topics presented. Readers should conduct their own appropriate legal research. The information presented does not represent legal advice. This information may not be republished, sold, or used in any other form without the written consent of the Oregon State Bar Professional Liability Fund except that permission is granted for Oregon lawyers to use and modify these materials for use in their own practices. © 2019 OSB Professional Liability Fund.