

POWER OF ATTORNEY

I, \_\_\_\_\_, residing at \_\_\_\_\_, [City], [County], [State], do hereby appoint \_\_\_\_\_ residing at \_\_\_\_\_, [City], [County], [State], as my Attorney-in-Fact.

1. To open, maintain or close bank accounts, brokerage accounts, savings and checking accounts or certificates of deposit, or to do any business with any banking or lending institution, in regard to any of my accounts, to make deposits and withdrawals, obtain bank statements, passbooks, drafts, money orders, warrants, certificates or vouchers payable to me by any person, firm, corporation or political entity including the United States of America, and expressly including the U.S. Treasury Securities;

2. To have full access to any of my safety deposit boxes and their contents wherever located;

3. To prepare, execute and file income and other tax returns, state and federal, and all other governmental reports, applications, requests and documents, and to obtain from the governmental or other entity having custody of them, copies of all such returns or other documents or instruments;

4. To invest, reinvest exchange or sell any assets or property owned by me;

5. To receive and give a quittance for all sums of money, debts or accounts of any kind which are or shall become due, owing and payable to me;

6. To sell, convey (either with or without covenants of warranty), lease, manage, care for, preserve, protect, insure, improve, control, store, transport, maintain, repair, remodel, rebuild and in every way deal in and with any property or property rights; to set up any reserves for repairs, improvements, upkeep and obsolescence of such property, and to eject or remove tenants or other persons from, and to recover possession of, such property.

This includes the right to sell or encumber my homestead legally described as follows:

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7. To transfer to the Trustee of any revocable trust created for me, if such trust is in existence at the time, and any and all property of mine (excepting property held by me and any other person as joint tenants with right of survivorship), and transferred property to be held in accordance with the terms and provisions of the agreement creating such trust.

8. My Attorney-in-Fact shall have full authority to make all medical decisions which I could make were I not incapacitated, including all decisions regarding hospitalization, care and treatment, refusal to accept care or treatment, or withdrawal of consent to any care or treatment.

My Attorney-in-Fact shall have the power and authority to do all of the following:

(a)\_

(b)\_

Where necessary to implement the health care decisions that my Attorney-in-Fact is authorized to make, my Attorney-in-Fact shall have the power and authority to execute on my behalf all or any of the following:

(a)\_

(b)\_

I authorized my Attorney-in-Fact to make all permitted decisions regarding who shall be permitted to visit me in the hospital.

If \_\_\_\_\_ is unable to serve as my Attorney-in-Fact, then I appoint, \_\_\_\_\_, \_\_\_\_\_, [City], [State], \_\_\_\_\_, phone number \_\_\_\_\_.

I hereby give to each Attorney-in-Fact, appointed hereunder, full right, power and authority to do and perform each and every act, deed and thing necessary or advisable to be done in and about the powers granted to such Attorney-in-Fact, as fully as I could do if personally present and acting.

All reference to property or property rights herein shall include all real, personal or mixed property now or hereafter owned by me.

THIS POWER OF ATTORNEY SHALL BECOME EFFECTIVE UPON MY DISABILITY AND SHALL CONTINUE EFFECTIVE UNTIL MY DEATH; PROVIDED, HOWEVER, THAT THIS POWER MAY BE REVOKED BY ME AS TO ANY ATTORNEY-IN-FACT AT ANY TIME BY WRITTEN NOTICE TO SUCH ATTORNEY-IN-FACT.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ .m.

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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