

GENERAL POWER OF ATTORNEY

IMPORTANT INFORMATION

In the power of attorney outlined below, another person (referred to as your agent) is authorized to make decisions related to your property and other affairs on your behalf (you as the principal). This authority remains in effect whether or not you're able to make decisions due to incompetence or incapacity.

Note: The agent doesn't have the authority to make medical decisions on your behalf.

Within this document, there's a provision for a single agent and a successor agent. If you'd like to appoint a second (also known as a successor agent) or a co-agent, you may do so using the special instructions. The co-agent is not required to work with the primary agent unless it's stated in the special instructions. The secondary agent doesn't have authority until the primary agent is unwilling or unable to act on your behalf.

DESIGNATION OF AGENT

On the ___ day of _____, 20___ I, _____ (principal) of _____ [Address], authorize _____ of _____ [Address], as my agent (attorney-in-fact) to act for me and in my name according to the instructions in the document below. If the primary agent named above is unable to act on my behalf or unwilling to act on my behalf, then _____ of _____ [Address] will be my successor agent.

_____ - A. I, the principal, permit the agent named above to assume the powers outlined in this document as soon as it is executed. The authority granted remains in effect even in the case of my personal disability.

Or

_____ - B. I, the principal, permit the agent named above to assume the powers outlined in this document when it has been determined by primary doctor that I am no longer capable of handling my affairs.

AUTHORITY GRANTED

Any subject initialed below constitutes the general authority I have granted to my agent(s)

Note: If all general authority should be granted to agents, initial line R 'All preceding subjects are granted'

_____ (A) Real property or real estate authority. Inclusive of managing property.

_____ (B) Authority over tangible personal property

_____ (C) Stocks and bonds

_____ (D) Safe deposit box

_____ (E) Lending or borrowing (goods and money)

_____ (F) Commodities and options

_____ (G) Banks and Other Financial Institutions

_____ (H) Operation of Entity or Business

_____ (I) Insurance and Annuities

_____ (J) Estates, Trusts, and Other Beneficiary Interests

_____ (K) Claims and Litigation

_____ (L) Personal and Family Maintenance

_____ (M) Benefits from Governmental Programs or Civil or Military Service

_____ (O) Retirement Plans

_____ (P) Taxes

_____ (Q) Other authority _____

_____ (R) All preceding subjects are granted

INTERPRETATION AND GOVERNING LAW

This legal document is written and is to be interpreted as a general power of attorney and non-durable.

This interpretation is not designed to in any way limit the authority granted to the appointed attorney.

The governing law of this power of attorney is in the state of _____. If there are any questions related to this power of attorney, the laws of the state shall take effect but my intention is for it to be accepted and be in full effect in any state or country where it may be presented in which I have property or financial interest.

LIMITATION ON AGENT'S AUTHORITY

Please note that if an agent is not my spouse, descendant, or beneficiary of my estate, they do NOT have the authority to use my resources, property, or assets to benefit themselves or another person that the agent is supporting. The only time that the agent may use the aforementioned resources is if I have included that authority in the special instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

This area is available for you to add special instructions that may increase or decrease the authority of your agents. If there are no special instructions then you may leave this place blank or add the word 'NIL'.

AUTHORITY OF AGENT

Any individual or organization that deals with the agent appointed in this document may, with complete certainty, depend on the authority of said agent that has been granted in this power of attorney. Furthermore, no person that acts in good faith in accordance with my agent based on the authority granted herein or the representations made by my agent shall incur additional liability to me or my estate as a result of the act carried out in good faith. Furthermore, I acknowledge and confirm whatever lawful action my agent may take as a result of this instrument.

TERMINATION

Unless stated otherwise in the special instructions above, this power of attorney will be terminated when the condition with my initials below has been fulfilled. (initial one)

____ On the ____ day of _____, 20__

____ When I fill a power of attorney revocation and duly execute it

____ When I create a new general power of attorney
____ When the activities as stipulated in the 'Authority Granted' section have been completed
____ Upon my incapacitation or incompetence as proven by a written notice from my attending physician.

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RELIANCE ON THIS POWER OF ATTORNEY

Anyone, which includes my agent, can rely upon and be assured of the validity of this power of attorney as well as a copy of this power of attorney unless they parties know it has been revoked or otherwise been rendered invalid.

SIGNATURE AND ACKNOWLEDGEMENT

Signature of Principal

Date

Name Printed

Address

Telephone Number

We, serving as witnesses, each declare that the principal signed and executed this instrument in our presence. The principal signed it in their right state of mind, to our knowledge is eighteen years of age or older, and willingly signed without undue pressure, influence, or duress. We

each sign this power of attorney as witnesses at the request of the principal while the principal is present.

Witness's Signature

Address

Witness's Signature

Address

Notary Acknowledgement

State of _____

County of _____

On _____, 20____ before me, _____ (name and title of officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose names are subscribed within the instrument and acknowledged to me that they executed the same in their authorized capacity(ies), and that by their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

Print Name _____