

DURABLE POWER OF ATTORNEY

OF

(NAME)

I. PRINCIPAL AND ATTORNEY-IN-FACT

I, (NAME) _____, SSN# _____, who resides at (ADDRESS) _____, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

AGENT'S NAME

AGENT'S ADDRESS

II. EFFECTIVE TIME

This power of attorney will become effective upon signature of this document.

III. POWERS OF ATTORNEY-IN-FACT

To the extent permitted by law, my attorney-in-fact may act in my name, place, and stead in any way that I myself could with respect to the following matters:

REAL ESTATE TRANSACTIONS:

- Manage, sell, transfer, lease, mortgage, pledge, refinance, insure, maintain, improve, collect and receive rent, sale proceeds, and earnings, pay taxes, assessments, and charges, and perform any and all other acts with respect to real property and interests in real property that I own now or later acquire.
- Defend, settle, and enforce by litigation a claim to real property and interests in real property that I own now or later acquire.
- Buy, lease, or otherwise acquire real property or an interest in real property, including the authority to enter into listing agreements and purchase and sale contracts, and to sign escrow instructions.

- Execute deeds, mortgages, releases satisfactions, and other instruments relating to real property and interests in real property that I own now or later acquire.
- Hire and discharge accountants, bookkeepers, property managers, and other professionals providing services related to real property and interest in real property that I now own or later acquire.
- Exercise all powers with respect to real property and interest in real property that I could if present and under disability.

TANGIBLE PERSONAL PROPERTY TRANSACTIONS:

- Buy or otherwise acquire ownership or possession of, sell or otherwise dispose of, mortgage, pledge, assign, lease, insure, maintain, improve, pay taxes on, otherwise manage tangible personal property and interests in tangible personal property that I now own or later acquire, and exercise all powers with respect to personal property and interests in personal that I could if present and under no disability.

STOCK AND BOND TRANSACTIONS:

- Buy, sell, pledge, and exchange stocks, mutual funds, bonds, options, commodity futures, and all other types of securities in my name.
- Sign accept, and deliver in my name certificates, contracts, or other documents relating to the foregoing, including agreements with brokers or agents.
- Exercise voting and other rights and enter into agreements relating thereto.
- Hire and discharge professionals providing services related to the management and investment of any securities in my name.
- Exercise all powers with respect to securities that I could if present and under no disability.

FINANCIAL INSTITUTION TRANSACTIONS:

Conduct any business with banks, savings and loan associations, credit unions, and other financial institutions, including but not limited to the authority to:

- Sign and endorse all checks and drafts in my name.

- Deposit and withdraw funds form accounts.
- Open, maintain, and close accounts or other banking arrangements.
- Open, continue, and have access to all safe deposit boxes, and add and remove items from them.
- Borrow money, pledge property as security, and negotiate terms of debt payments.
- Apply for and receive letters of credit, credit cards, and traveler's checks, and give an indemnity or other agreement in connection with letters of credit.
- Exercise all powers with respect to financial institution transactions that I could if present and under no disability.

BUSINESS OPERATION TRANSACTIONS:

- Buy, sell, expand, reduce, or terminate a business interest, including but not limited shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.
- Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:
 - Enter into, amend, enforce, and terminate any business contract.
 - Disburse, receive, and demand money in the operation of business.
 - Merge, organize, or sell a business or part of a business.
 - Determine the location, nature, and method of operating the business.
 - Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party because of membership in a partnership or limited liability company.

- Exercise a right, power, or privilege that I have as the holder of bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceedings to which I am a party because of any bond share or similar instrument.
- Exercise all powers with respect to business operation transactions that I could if present and under no disability.

INSURANCE AND ANNUITY TRANSACTIONS:

- Obtain, modify, renew, convert, rescind, pay the premium on, or terminate insurance and annuities of all types for myself and for my family and other dependents.
- Designate the beneficiary of the contract, but the attorney-in-fact may be named a beneficiary of the contract, or an extension, renewal, or substitute for it, only if the attorney-in-fact was named as beneficiary under a contract procedure by the principal before signing this power of attorney.
- Surrender and receive the cash value, borrow against, or pledge any insurance or annuity policy.
- Exercise all powers with respect to insurance and annuity transactions that I could if present and under no disability.

ESTATE AND TRUST TRANSACTIONS:

- To act for me in all matters that affect a trust, probate estate, guardianship, conservatorship, escrow, custodianship, or other funds from which I am now, claim to be, or later become entitled, as a beneficiary, to share or payment, including but not limited to the authority to sign a qualified disclaimer pursuant to Internal Revenue Code Section 2518 and applicable state law, and petitions, objections, waivers, consents, receipts, settlements, and other agreements relating to the above -references matters or proceedings.
- Transfer any of my property to a living trust that I created as grantor before this power of attorney was signed.
- Exercise all powers with respect to estate and trust transactions that I could if present and under no disability.

LEGAL ACTIONS:

To act for me in all matters, whether claims in my favor or against me, including but not limited to the authority to retain and discharge attorneys on my behalf;

appear for me in all actions and proceedings, commence actions in my name, sign all documents, submit claims to arbitration or mediation, settle claims, and pay judgments and settlements; and exercise all powers with respect to legal actions that I could if present under no disability.

PERSONAL AND FAMILY CARE:

To do all acts necessary to maintain my customary standard of living, and that of any individuals legally entitled to be supported by me, including but not limited to the authority to provide and pay for my medical care, shelter, clothing, food, usual vacations, education, transportation, and dues for social organizations and to exercise all powers with respect to personal and family care that I could if present and under no disability. My attorney-in-fact is specifically authorized to hire and compensate household, nursing, and other employees necessary for my well-being and that of any individuals legally entitled to be supported by me, and to enter into contracts and commit my resources with respect to the provisions of my residential care in a convalescent hospital, skilled nursing home, or alternative residential facility.

GOVERNMENT ASSISTANCE:

Claim and collect benefits from the Social Security Administration, including, but not limited to, retirement benefits, supplemental social security, and social security disability benefits and, Medicare, Medicaid, or state, local, and other government programs for civil or military service, and to exercise all powers with respect to government assistance that I could if present and under no disability.

RETIREMENT PLAN TRANSACTIONS:

To act for me in all matters that affect my retirement, deferred compensation, or pension plans, including but not limited to the authority to select payments options, designate beneficiaries, make contributions, exercise investment powers, make "rollovers" of plan benefits, borrow or sell assets from the plan, and, if I am a spouse who is not employed, waive the right to be a beneficiary of a joint or survivor annuity and to exercise all powers with respect to retirement plans that I could if present and under no disability.

GIFTS:

Make gifts from my assets, including debt forgiveness and gift to my attorney-in-fact.

PET AND ANIMAL CARE:

To do acts necessary to maintain the customary standard of living of all pets and animals currently supported by me, including, but not limited to, providing and paying for shelter, food, and veterinary care.

OTHER:

Create and fund a revocable living trust for which I am the sole current beneficiary.

My attorney-in-fact is empowered to take all further actions, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

IV. GENERAL PROVISIONS

- 1) Reliance by Third Parties: I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.
- 2) Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.
- 3) Revocation of Prior Powers of Attorney. I revoked all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any care powers of attorney and advance health care directives.
- 4) Maintenance of Records. Accounting. My attorney-in-fact must maintain records of all actions taken on my behalf, including transactions, receipts, disbursements and investments. My attorney-in-fact shall provide and accounting for all funds handles and act performed as my attorney-in-fact, but only upon request, the request of a personal representative or a fiduciary acting on my behalf, or court

order. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.

- 5) Compensation and Reimbursement. My attorney-in-fact is entitled to reasonable compensated for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his responsibilities under this power of attorney.
- 6) Personal Benefit Permitted. If my attorney-in-fact is acting in good faith and in my best interests, my attorney-in-fact may personally benefit or profit from transactions taken on my behalf.
- 7) Liability of Attorney-in-Fact. All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claim arising because of their actions or inactions based in this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-in-fact will not be liable for the acts of a prior attorney-in-fact.
- 8) Copies. A copy of this durable power of attorney shall be effective as original for all purposes.

Agent's Name

Address

Phone

Email Address

By my signature below, I show that I understand the purpose and the effect of this document.

Signature: _____

Date: _____

Address: _____

Witnesses Signatures

I believe the person who has signed this Durable Power of Attorney to be of sound mind, that she/he signed or acknowledges this Durable Power of Attorney in my presence, and that she appears not be acting under pressure, duress, fraud, or undue influence. I am not related to the person making this Durable Power of Attorney by blood marriage or adoption, nor to the best of my knowledge, am I named in her/his will. I am not the person appointed in this Durable Power of Attorney. I am not a health care provider or an employee of a health care provider who is now, or has been in the past, responsible for the care of the person making this Durable Power of Attorney. I am over the age of 18.

Witness #1 _____
Name: _____
Signature: _____
Address: _____

Date:

Witness #1 _____
Name: _____
Signature: _____
Address: _____

Date: _____