## **DURABLE POWER OF ATTORNEY**

l,	of	
hereby appoint	of _	
as my attorney in fact to act in my capa	city to perforr	m every act that I may legally do through an
attorney in fact. This power shall be i	າ full force ar	nd effect commencing on the date written
below and shall remain in full force as	d effect until	I my death, unless specifically extended or
revoked earlier by either party.		

The Powers of this attorney in fact shall include

- 1. **Powers of Agent**. The Agent shall have the full power and authority to manage and conduct all of my affairs, and to exercise my legal rights and powers, including those rights and powers that I may acquire in the future, including the following:
  - a. Collect and Manage: To collect, hold, maintain, repair, improve, invest, lease, and manage any or all of my real or personal property or any interest therein;
  - b. Buy and Sell: To purchase, sell, mortgage, grant options, or otherwise deal in any way in any real property or personal property, tangible or intangible, or any interest therein, upon such terms as the Agent considers proper, including the power to buy United States Treasury Bonds that may be redeemed at par value to pay federal estate tax and to sell or transfer Treasury securities;
  - c. Borrow: To borrow money, to execute promissory notes for borrowed money, and to secure any obligation by mortgage or pledge.
  - d. Business and Banking: To conduct and participate in any lawful business of any nature or kind, including the right to sign partnership agreements, continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business and to vote stock, including the exercise of any stock options and the carrying out of any buy sell agreement; to receive and endorse checks and other negotiable paper, deposit and withdraw funds that I now have on deposit or to which I may be entitled in the future in or from any bank or financial institution;
  - e. Safe Deposit Boxes: To have access to any safety deposit box registered in my name alone or jointly with others, and to remove any property or papers located therein;

- f. Transfers in Trust: To transfer any interest I may have in property, whether real or personal, tangible or intangible, to the trustee of any trust that I have created for my benefit;
- g. Proxy Rights: To act as my agent or proxy for any stocks, bonds, shares, or other investments, rights, or interests I may now or hereafter hold;
- h. Tax Returns and Reports: To prepare, sign, and file separate or joint income, gift, and other tax returns and other governmental reports and documents; to consent to any gift; to file any claim for a tax refund; and to represent me in all matters before the Internal Revenue Service;
- i. Legal and Administrative Proceedings: To engage in any administrative or legal proceedings or lawsuits in connection with any matter herein;
- j. Delegation of Authority: To engage and dismiss agents, counsel, and employees, in connection with any matter, upon such terms as my agent determines;

k.	Other Matters:

- 2. **Restrictions on Agent's Powers**. Regardless of the above statements, my agent:
  - a. Cannot execute a will, a codicil, or any substitute will on my behalf;
  - b. Cannot change the beneficiary on any life insurance policy that I own;
  - c. Cannot make gifts on my behalf;
  - d. Cannot exercise any powers that would cause my assets to be considered taxable to my agent or to my agent's estate for purposes of any income, estate, or inheritance tax; and
  - e. Cannot violate any medical power of attorney I have executed whether prior or subsequent to the execution of this Power of Attorney.

Your rights, powers and authorities as my attorney in fact SHALL COMMENCE IMMEDIATELY AND SHALL NOT BE AFFECTED BY MY SUBSEQUENT INCAPACITY. Such rights, powers and authorities shall remain in full force and effect until revoked by written notice from me.

Dated:		
Ву:		_
NOTARY ACKNOWLEDGEMENT		
STATE OF	_COUNTY OF	
		he person described in and who signed day of,,
		d voluntarily for the uses and purposes
WITNESS my hand and official seal	the date aforesaid.	
NOTARY	PUBLIC	
My Commission Expires:		