

DURABLE POWER OF ATTORNEY EFFECTIVE UPON DISABILITY

I, _____, of _____
_____, do hereby appoint
_____ of _____
_____, to act as my Attorney-in-Fact ("Attorney"). If for
any reason my Attorney is unable to serve, I designate _____, of

_____, to act as my successor Attorney. I hereby, ratify and confirm that all that my Attorney
shall do or cause to be done under this Power of Attorney.

This Power of Attorney shall become effective upon my disability or legal incapacity. These powers shall not be affected by any mental or physical disability or legal incapacity I may have in the future and shall remain effective until my death, or until revoked by me in writing.

I hereby revoke any and all general powers of attorney previously made by me. However, this shall not have any effect on any powers of attorney that are directly related to my health care previously made by me.

My Attorney shall have full power and authority to act on behalf of me. This power shall include managing and conducting all my property and financial affairs and to exercise all my rights and powers, including any rights that I may acquire anytime in the future. My Attorney's powers shall include, but not be limited to, the following:

1. Open, maintain or close bank accounts and other similar accounts with any bank or financial institutions and to perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft. To conduct any business with any banking or financial institution including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants etc.
2. Invest money in loans, bonds, common, preferred or other stocks, securities, mortgages, real estate, partnership interests or other property, real or personal.
3. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
4. Enter into any negotiations and to execute any binding contracts on my behalf.

5. Conduct and participate in any kind of lawful business of any nature or kind, and to obtain any necessary professional and business assistance, including attorneys, accountants, and real estate Attorneys.
6. Sell, convey, lease, mortgage, manage, insure, improve, repair, encumber or perform any other act with respect to any of my real property.
7. Prepare, sign, and file income, gift, and other tax returns and other governmental reports and documents and to file any claim for tax refund and to represent me in all matters before the Internal Revenue Service.
8. To Attorney any debt, claims and demands for which I am liable and execute any written documents pertaining to these transactions including but not limited to receipts, releases and discharges
9. To borrow money on my behalf, including but not limited to bank loans, unsecured loans, secured loans, credit card loan, at any time and for any purpose. To execute and deliver any bond, note or other written evidence of debt, and, as security therefore, to give any mortgage, deed of trust or other security instrument and to endorse, assign, pledge and hypothecate any securities, insurance policies or other tangible or intangible personal property
10. Apply, obtain and Attorney for any life insurance, medical insurance, disability insurance, or any other private or public insurance benefit, and to surrender and rescind any insurance policy obtained by either my Attorney or me.
11. _____

 _____.

My Attorney is not authorized to do the following acts:

- a. Cannot execute a will, a codicil, or any will substitute 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 assets of mine to be considered taxable to my Attorney or to my Attorney's estate for purposes of any income, estate, or inheritance tax; and
- e. _____

 _____.

The Attorney shall not be liable for acting or refraining from acting in good faith, but shall be liable for his own wilful misconduct or gross negligence.

My Attorney shall be entitled to reasonable compensation for any services provided as my Attorney.
My Attorney shall be entitled to reimbursement of all reasonable expenses incurred in connection
with this Power of Attorney.

All questions concerning the validity and construction of this Durable Power of Attorney shall be
determined under the laws of the state of _____.

Dated _____, 20__ at _____, _____.

SIGNATURE:

FULL LEGAL NAME:

WITNESS' SIGNATURE:

FULL LEGAL NAME:

WITNESS' SIGNATURE:

FULL LEGAL NAME:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____,
20__ by _____, who is personally known to me or who has produced
_____ as identification.

Signature

Name