

## GENERAL POWER OF ATTORNEY

I, \_\_\_\_\_, of \_\_\_\_\_  
\_\_\_\_\_, do hereby appoint  
\_\_\_\_\_ of  
\_\_\_\_\_, as  
my Attorney-in-Fact ("Attorney") to act on behalf of me. If for any reason my Attorney is unable to  
serve, I designate \_\_\_\_\_, of  
\_\_\_\_\_, to act as my successor Attorney.

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. Sell, buy, exchange, and invest any assets or property owned by me.
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. Operate any business owned by me 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 any necessary documents with any governmental body or agency including but not limited to income and other tax returns, applications etc.

8. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Any power or authority granted to my Attorney hereunder shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Attorney, (ii) my assets to be subject to a general power of appointment by my Attorney, and (iii) my Attorney to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Attorney.

My Attorney shall not be liable for any loss that results from a error in judgment that was made in good faith. However, my Attorney shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

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.

This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Attorney.

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

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Name