Power of Attorney

1. Principal an	d Agent		
I,	, residing at	, hereby appoint	, residing at
of this documer		act (hereinafter "Agent") to act on	my behalf by the terms
2. Grant of Ge	neral Authority		
not limited to m	anaging bank account	dle my legal, financial, and person ts, real estate transactions, tax ma have full power and discretion to	atters, and other
3. Durability O	ption		
	Attorney shall be: Dura g my subsequent disab	able: It shall remain in full force and bility or incapacity.	d effect
4. Effective Da	te and Termination		
effect until it is	revoked in writing by n	ective immediately upon execution ne, or, if marked non-durable, upo ment also revokes any prior power	on my incapacity as
5. Reliance by	Third Parties		
•		rely upon the validity of this Powerual knowledge of its revocation.	er of Attorney or a
6. Governing L	_aw		
This document	· ·	and construed in accordance with d. Any disputes arising under this	

7. Signatures and Acknowledgements

subject to the jurisdiction of the appropriate state or local courts.

Date Executed:			
Principal:			
Principal's Printed	Name:		
Principal's Signatu	ıre:		
Agent:			
Agent's Printed Na	ame:	_	
Agent's Signature:	:		
8. Witnesses (if re	equired by your sta	ate):	
Witness 1:			
Signature:			
Printed Name:			
Date:			
Witness 2:			
Signature:			
Printed Name:			
Date:	<u></u>		
Notary Public (if I	required):		
State of			
County of			
On this	day of	, 20	, before me, the
undersigned Notar	ry Public, personally	appeared	, known to me (or
satisfactorily prove	en) to be the person	whose name is subs	scribed to the within instrument
and acknowledged	d that he/she execute	ed the same for the	purposes therein contained.
Notary Public Sign	nature:		
My commission ex	xpires:		