GENERAL POWER OF ATTORNEY FORM

KNOWN ALL PERSONS BY THESE PRESENTS, that I,			(First Name)
		of legal age, residing a	
		(Street Address),	
		(Address Line 2),	(City),
(St	ate),	(Zip) (hereafter referred	to as the "principal"), hereby
			(Last Name), residing at
		(Street Address),	
		(Address Line 2),	(City),
	(State),	(Zip) (hereafter r	referred to as the "Agent"), as my
attorney-infact to act	on my behalf, in	my name, and for my benefit.	
is hereby revoked, ex	cept for any Adv	ance Health Care Directive or L	TORNEY" previously signed by me Living Will I have signed. Atthority to transfer or convey any
property to the Agent	or their family w		nor accept a gift for themselves
judgement error made	in good faith wh horize my Agent	Agent shall not be held liable for nile performing duties on my be to indemnify and hold harmless	c ,
•	•	Agent shall have full authority ise all of my legal rights and po	to manage and conduct all my owers, including any future rights
IN CONSIDERATIO powers:	N OF THE FORI	EGOING, it is my desire that m	y Agent shall have the following
EFFECTIVE DATE :			
GENERAL POWERS	S:		

- Demain, receive, and obtain by litigation or otherwise, money or other things of value to which the principal is entitled, and manage such items for the intended purposes.
- Contract with any person on terms agreeable to the Agent to accomplish a transaction purpose and modify or terminate such contracts as necessary.
- Execute, file, or record any instrument or communication the Agent considers desirable to accomplish a transaction purpose, including crewating a schedule listing some or all of the principal's property.
- Initiate, participate in, or settle disputes regarding claims for or against the principal.

- Seek court or governmental assistance to carry out acts authorized in this power of attoney.
- Engage and compensate attorneys, accountants, investment managers, and other advisors.
- Prepare and file documents to safeguard or promote the principal's interest.
- Communicate with government representatives on behalf of the principal.
- Access communications intended for and communicate on behalf of the principal.

BANKING

- Open, withdraw from, deposit funds in, and manage financial accounts; pay for goods, services, and personal/business expenses.
- Endorse and negotiate promissory notes, checks, drafts, and other financial instruments.

LENDING OR BORROWING

• Borrow money or make loans in the principal's name; give promissory notes or other obligations; use the principal's property as collateral or mortgage for security or payment.

SAFE-DEPOSIT BOX

• Access, add to, remove from, and manage safe-deposit boxes under the principal's control.

REAL PROPERTY

 Acquire, exchange, lease, manage, and sell real property or interests therein; execute and transfer deeds and other necessary documents.

GOVERNMENT BENEFITS AND TAX TRANSACTIONS

- Apply for and receive government benefits for the principal.
- Complete and sign tax returns; pay taxes; receive tax credits and refunds.

PENSION AND RETIREMENT BENEFITS

• Contribute to, select options for, and receive benefits from retirement plans, without changing beneficiaries.

INSURANCE

• Purchase, pay premiums for, and claim insurance benefits, excluding changing beneficiaries on life insurance policies.

PERSONAL PROPERTY

- Acquire, lease, sell, and manage personal property; execute necessary documents for these transactions.
- Manage stocks, bonds, and other securities; engage in options and future transactions.

GIFTS

• Make gifts or grants, condone indebtedness, or make donations and pledges without consideration, outright or in trust.

THIRD-PARTY SERVICES

• Acquire professional services necessary to fulfill duties, including legal advice.

STATE GOVERNING LAW

This Power of Attorney is governed by the laws of the State of _	, regardless of
conflict of law principles.	

IN WITNESS WHER	REOF, I have executed this Po	ower of Attorney on this	(Day),
day of	(Month),	(Year).	
Signature:			
First Name:			
Last Name:			
WITNESSES			
We declare that the Pr	rincipal signed this instrumer	nt in our presence, and we sign as with	esses.
We are disinterested p	parties and note related to the	Principal or Agent.	
Signature of 1st Witne	ess		
First Name			
Last Name:			
Street Address:	 		
Address Line 2:			
City:			
State:			
Zip:			
Date:			
Signature of 2nd Witr	ness		
First Name:			
Last Name:			
Street Address:			
Address Line 2:			
City:			
State:			
Zip:			
D ·			

ACKNOWLEDGEMENT

STATE OF		, COUNTY OF	
Before me, on this		(Day) day of	(Month),
			(First & Last Name), as principal
			ernment issued photo identification to
be the person named, and a	cknowledged tha	t they executed the sam	ne as their free act and deded.
Signature:			
First Name:			
Last Name:			
Notary Public			
My commission expires: _			
ACCEPTANCE OF APPO	INTMENT		
I,	_(First Name)		(Last Name), the named Agent,
accept the appointment as			
Signature:			
Date:			

ACKNOWLEDGEMENT

STATE OF:			
COUNTY OF:			
Before me, on this(Year)_appeared	(Day) day of		
		d to me through government-issued photo	
-	• • •	ney executed the same as their free act and	
deed.	-		
Signature:			
First Name:	_		
Last Name:			
Notary Public			
My commission expires:		_	
Date:			