DURABLE FINANCIAL POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE UNDER APPLICABLE LAW. ADDITIONAL POWERS AVAILABLE UNDER LAW MAY BE ADDED BY SPECIFICALLY LISTING THEM UNDER THE SPECIAL INSTRUCTIONS SECTION OF THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, _____, currently residing at _____, _____, _____ _____, hereby appoint _____, currently residing at _____, _____, _____ _____, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ONE OR MORE OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL:

EFFECTIVE DATE *(initial your choice)*:

_____ THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED. THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN THOUGH I BECOME INCAPACITATED.

For purposes of this Power of Attorney, "incapacitated" shall mean either (1) an adjudication by a court of competent jurisdiction to the effect that I am incompetent, or

(2) the appointment by a court of competent jurisdiction of a conservator or guardian for my estate or (3) written certification by two (2) physicians who are unrelated to me or to each other in any personal, business or professional capacity that in their opinion I am substantially unable to manage my financial resources or resist fraud or undue influence. The effective date of such incapacity shall be the earlier of (a) the date of the order or decree adjudicating the incapacity, (b) the date of the order or decree appointing the conservator or guardian, or (c) the later date where both of the physicians' certifications described in this paragraph are obtained. A certified copy of the order or decree declaring incapacity or appointing a conservator or guardian or a copy of the physicians' certifications described herein shall be attached to the original of this Power of Attorney (and photocopies thereof shall be attached to photocopies hereof).

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

All prior general powers of attorney I have executed are hereby revoked.

Signed this _____ day of _____, 20___.

Signature: _____

Printed Name: _____

NOTARY ACKNOWLEDGMENT

STATE OF _____)

) ss

COUNTY OF_____)

On _____ before me, _____, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)

NOTICE TO AGENT, CAUTION, AND ACCEPTANCE

TO THE AGENT: When you agree to act, or actually act, as the agent (attorney-in-fact) under this power of attorney, you assume the legal responsibilities of an agent, called fiduciary duties. These duties and responsibilities include:

1. The legal duty to avoid conflicts of interest, and to act only in the principal's interest and for the principal's benefit.

2. The legal duty not to commingle the principal's property with your own. You must keep the principal's property separate from any of your property.

WARNING: You may not accept a gift of the principal's property, or transfer or sell the principal's property to yourself without full and adequate consideration, unless this power of attorney specifically authorizes you to take those actions. It is a criminal offense to unlawfully transfer, gift, or sell the principal's property to yourself without full and adequate consideration, and you may be found liable for fraud, embezzlement, dependent adult abuse, and/or elder abuse, as well as civil penalties.

ACCEPTANCE: I have read the notice and warning above, and I understand that, by acting or agreeing to act as the principal's agent in this power of attorney, I have assumed legal and fiduciary duties to the principal.

Signed this _____ day of _____, 20___.

Signature: _____

Printed Name: _____