**DURABLE POWER OF ATTORNEY**

**FOR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , residing in County you lived and state do hereby execute this Durable Power of Attorney with the intention that the attorney-in- fact hereinafter named shall be able to act in my place an all matters.

**SECTION 1. DESIGNATION OF ATTORNEY**

1.01. I constitute and appoint my wife or husband, your name here, to be my attorney - in-law to act for me in my name and in my place.

1.02. In the event that she or he, for any reason shall fail to act or continue as my attorney-in-fact. I constitute and appoint the following persons, individually and in the following order, to be my attorney-in-fact:

My son/daughter (put his/her name)

then My son/daughter (put his or her name)

1.03. The following written evidence shall be deemed conclusive, and may be relied on to establish that a person has failed to act or continue as my attorney-in-fact.

1. A death certificate for the person:
2. A notarized statement of the person resigning or refusing to act as my attorney-in-fact; or
3. A notarized statement of the person's attending physician that he or she is not able to manage his or her affairs.

**SECTION 2. EFFECTIVE DATEOF POWER OF ATTORNY**

2.01. This Durable Power of Attorney shall be effective as of the date of execution by me.

2.02. This Durable Power of Attorney shall not be affected by my disability, it being my specific intention that my attorney-in-fact shall continue to act as such even though I may not be competent to ratify the actions of my attorney-in-fact.

**SECTION 3. POWER**

3.01. My attorney-in-fact shall have all powers, discretion and authorities granted by statute, common law and under any rule of court. In addition thereto, and not in limitation thereof, my attorney-in-fact shall have the powers set forth below.

3.02. My attorney-in-fact may collect and receive, with or without the institute of suit or other legal process, all debts, monies, gifts, object, dividends, annuities and demands that now are due pr may hereafter become due, owing or otherwise payable pr belonging to me. My attorney-in-fact may use and take all lawful actions in my name or otherwise to recover the same and to compromise the same.

3.03. My attorney-in-fact sign checks in my name upon any back or trust company, saving intuition, credit union, or "money market" or 401k fund or IRA fund, Company life Insurance fund.

**Table**:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Fund | Address | Phone Number | Tax or tax exempt |
| 401k |  |  |  |
| IRA |  |  |  |
| Saving Account |  |  |  |
| Life Insurance provided by company |  |  |  |
| Checking Account |  |  |  |
| Money Market Certification |  |  |  |
| Home |  |  |  |
| Treasury Bond |  |  |  |
| Annuities |  |  |  |
| Stock and bonds |  |  |  |

3.04. My Attorney-in-fact mat act all matters with respect to all powers described herein as freely, fully, and effectively as I could or might do personally if present and of sound and disposing mind, including those matters in which my attorney-in-fact or a member of the immediate family of my attorney-in-fact is a party.

**SECTION 4. CARE OF MY PERSON**

Except as may be provided for any Appointment of Health Care Agent that I may have executed:

4.01.. Should I become unable to care for myself, my attorney-in-fact shall have the primary duty and discretion of making all arrangement for my care, comfort, and maintenance in my customary standard of living, medical treatment, nursing care and generally for all decision having to do with my personal well-being, health and happiness.

4.02. If any important or crucial decision (specially including the granting or withholding of consent to any medical procedures) is required regarding my living arrangements, health, medical care and well being. I gave full authority to my Attorney-in-fact. My Attorney-in-fact shall have no liability or responsibility whatsoever for any action affecting my personal care, well-being and related matters describe in this section which is taken in good faith.

**SECTION 5.** **RATIFICATION; USE OF PHOTOCOPY; REVOCATION OR PRIOR POWRES**

5.01. I hereby ratify, allow, acknowledge, and hold firm and valid all acts heretofore or hereafter taken by my attorney-in-fact by virtue of these presents.

5.02. I hereby authorize the use of a photocopy of the Durable Power of Attorney, in lieu of the original copy executed by me, for the purpose of effectuating the terms and provisions hereof..

5.03. Except for any Appointment of Health Care Agent that I may have executed, I hereby revoke, annul and cancel any and all geeral, special, restricted and limited power or powers of attorney previously executed by me, and the same shall be of the further force or effect..

**SECTION 6. DESIGNATION OF GUARDIAN**

6.01. I request that no guardianship proceeding for my property in the event of my disability, it being my intention that this Durable Power of Attorney shall permit my attorney-in-fact to act on my behalf.

6.02. In the event that it becomes necessary for any court to appoint a guardian for my property, I direct that my attorney-in-fact shall serve as such guardian.

6.03 Any Guardian or conservator who at any time shall be appointed by any court shall be executed from the necessity of giving bond.

**STATEMENT OF UNDERSTANDING FOR IMMEDIATE EFFECTIVE POWER**

I understand that this Durable Power of Attorney is an important legal document. It gives my Attorney-in-fact board powers over my assets, and that these powers shall become effective at the signing of this document. These power shall remain in effect unless or until i revoke or otherwise terminate this Durable Power of Attorney.

The following facts were explained to me before I signed this document:

1. The document gives my attorney-in-fact broad powers to sell, convey, encumber and otherwise control my real and personnel property.
2. The powers granted in this document will remain in effect unless I revoke this power. These powers will continue to exists not withstanding mu subsequent incapacity, and
3. I have the right to revoke or terminate the Durable Power of Attorney so long as I have legal capacity to do so. If the Durable Power of Attorney has been recorded in any county, the revocation shall be recorded in the county.

This Durable Power of Attorney shall not be affected by my subsequent incapacity.

I sign the document with the intention of dreading a Durable Power of Attorney.

**AS WITNESS** my hand andseal this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 202 .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

The foregoing instrument was signed in the presence of us and thereupon we have hereunto subscribed our names as witness this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 202 .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Witness

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Printed Name Printed Name

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Address

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, before me, the subscriber, a Notary Public, and for the County and State aforesaid, personally appeared Your NAME, and acknowledge the foregoing Durable Power of Attorney and Destination of Guardian to be his act.

**AS WITTNES,** my hand and notarial seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_