

Durable Unlimited Power of Attorney

I, _____ ,
address:

grant an unlimited durable power of attorney to _____ ,
address:

to act as my attorney-in-fact.

This power of attorney shall become effective upon my incapacitation, as certified by my primary physician, or if my primary physician is not available, by any other attending physician. This power of attorney grants no power or authority regarding healthcare decisions to my designated attorney-in-fact. I give my attorney-in-fact the maximum power under law to perform any act on my behalf that I could do personally, including but not limited to, all acts relating to any and all of my financial transactions and/or business affairs including all banking and financial institution transactions, all real estate or personal property transactions, all insurance or annuity transactions, all claims and litigation, and any and all business transactions. My attorney-in-fact is granted full power to act on my behalf in the same manner as if I were personally present. My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. This power of attorney shall not be affected by my present or future disability or incapacity. My attorney-in-fact shall not be compensated for his or her services nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence. Any third party who receives a signed copy of this document may act under it. Revocation of this document is not effective unless a third party has actual knowledge of such revocation.

Dated _____ , 20 _____

Signature of Person Granting Power of Attorney

Printed Name of Person Granting Power of Attorney

Signature of Witness #1

Printed Name of Witness #1

Signature of Witness #2

Printed Name of Witness #2

State of _____
County of _____

On _____, 20_____, _____ personally
came before me and, being duly sworn, did state that he or she is the person described in the
above document and that he or she signed the above document in my presence.

Signature of Notary Public

Notary Public, In and for the County of _____
State of _____

My commission expires: _____

Notary Seal

I accept my appointment as attorney-in-fact.

Signature of Person Granted Power of Attorney

Printed Name of Person Granted Power of Attorney