

POWER OF ATTORNEY

BE IT KNOWN TO ALL, that I, _____ being of the age of consent eighteen (18) years or older and currently residing at _____ in the County of _____ located within the State of _____ and whose zip code is _____, do hereby designate, establish and appoint _____ and _____, as my official allocated Attorney-in-Fact ("Agents") to perform in my name.

The appointed Agents have full power and authority to do and perform all and every act and whatsoever requisite and necessary to be done on my behalf, as I might or could do if physically and mentally able. This **POWER OF ATTORNEY** includes the right to contract for any and all that is necessary for my use and benefit.

THE AFOREMENTIONED Durable Power of Attorney shall become effective immediately following the signing of this instrument on the date indicated. This Durable Power of Attorney shall remain in effect until my demise or is revoked by me through written notification to my Agent(s).

Dated _____

(Signature of person giving Power of Attorney)

STATE OF _____
COUNTY OF _____

On _____ the aforementioned parties appeared before me, A Notary Public, for the above state and county, and is known to me or provided photo identification and that such individuals executed the foregoing instrument, and being duly sworn, such individuals acknowledged that s/he executed said instrument for the purpose therein contained of his/her free will and voluntary act.

(SIGNATURE NOTARY PUBLIC)

My Commission expires: _____