

POWER OF ATTORNEY

State: _____

County: _____

I, _____, the undersigned, residing at _____ (the "**Principal**"), hereby appoint _____, residing at _____ as my attorney-in-fact (the "**Agent**") to act on my behalf in my stead and for my benefit in any lawful way.

My Agent is empowered to manage and conduct my affairs and to exercise my legal rights and powers, including but not limited to:

Perform any lawful acts with respect to my real property, namely:

Perform any lawful acts with respect to my personal property, including motor vehicles and tangible and intangible assets, namely: _____

Perform necessary acts with any banking or financial institution with respect to any of my accounts, including but not limited to:

opening, closing, and managing bank accounts

making deposits and withdrawals, endorsing checks or other instruments concerning any such accounts

submitting and obtaining applications, bank statements

make any payments on any accounts, collect, and request any sums that may be due or payable to me.

Other _____

Operate business and legal entities to enter into contracts of different natures.

Act without limitation on my behalf concerning federal income taxes, state and local income taxes, estate, gift, and other tax returns of all sorts, whether federal or state and local, and any and all other tax-related documents.

Make charitable gifts on my behalf.

Hire or execute contracts with consultants, accountants, attorneys, or other persons deemed necessary for the purpose of this Power of Attorney.

Take any other actions which my Agent shall deem necessary for this Power of Attorney, including but not limited to preparing, signing, and filing documents with any governmental body or agency of a federal, state, or local level; obtain information or documents from any governmental body or agency, and represent me in all related matters.

Other _____

The Agent shall:

- Act in good faith in my best interest;
- Act to not create a conflict of interest that impairs the Agent's ability to act impartially in my best interest.
- Keep a record of all receipts, payments, and transactions conducted for me.
- Other _____

This Power of Attorney is effective:

- Immediately upon signing.
- On _____.

This Power of Attorney shall terminate:

- On _____ unless it is revoked sooner.
- Other _____

This Power of Attorney is governed by the laws of the State of _____.

This Power of Attorney is granted to my Agent:

- with the right of substitution of authority
- without the right of substitution of authority

This Power of Attorney may be revoked by the Principal at any time.

IN WITNESS THEREOF, this Power of Attorney is executed on _____.

Principal's Name and Signature: _____

WITNESS ACKNOWLEDGEMENT *[Is required in certain States]*

Witnesses:

Witness 1. _____

Witness 1's Signature _____

Date: _____

Witness 2. _____

Witness 1's Signature _____

Date: _____

NOTARY ACKNOWLEDGEMENT *[Is required in certain States]*
