

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE UNDERSTANDINGS, that I, [NAME], of the County of [COUNTY], State of [STATE], reposing special trust and confidence in [NAME], of the County of [COUNTY], State of [STATE], have made, constituted and appointed, and by these understandings do make, constitute and appoint the said [NAME] my true and lawful attorney to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or property, real or personal, tangible or intangible, now owned or hereafter acquired by me. I grant to my said attorney full power and authority to do and perform all and every act necessary in exercising any of the powers granted herein as fully as I might do if personally present, with full power of revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue of this Power of Attorney.

(Choose One):

This Power of Attorney shall not be affected by disability of the Principal.

or

This Power of Attorney shall become effective upon the disability of the Principal.

EXECUTED this XX day of XX, 19XX.

Principal

Notary Seal