

This power of attorney shall be in effect from _____ to _____ . However, should I be incapacitated or incompetent at the time stated for expiration (_____), this power shall extend until I am no longer incapacitated.

_____, As Principal

STATE OF _____

COUNTY OF _____

_____ personally appeared before me and acknowledged the execution of this power of attorney for the purposes set forth therein.

Dated: _____

Notary Public