This power of attorney shall be in effect from to
However should I be incapacitated or
. However, should I be incapacitated or incompetent at the time stated for expiration (),
this power shall extend until I am no longer incapacitated.
uns power snan extend until I am no longer meapacitated.
, As Principal
,120 1 1111 0 1pw1
STATE OF
COUNTY OF
nersonally appeared before me and acknowledged
personally appeared before me and acknowledged the execution of this power of attorney for the purposes set forth
therein.
uiciciii.
Datad
Dated:
Notom, Dublic
Notary Public