

POWER OF ATTORNEY

\_\_\_\_\_, the "principal," of \_\_\_\_\_, \_\_\_\_\_, herewith appoints \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, as their attorney in fact, to act in the place and stead and with the same authority as Principal would have to do the following acts:

To act for me in the regard to the following:

\_\_\_\_\_  
This power of attorney shall be in effect from \_\_\_\_\_ to \_\_\_\_\_ and shall not be revoked due to my incapacity, and will continue in effect should I ever become incapacitated.

\_\_\_\_\_  
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