

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