

## DURABLE SPECIAL POWER OF ATTORNEY

**PRINCIPAL:**

NAME	PLACE OF RESIDENCE	DATE OF BIRTH

**ATTORNEY-IN-FACT:**

NAME	PLACE OF RESIDENCE	DATE OF BIRTH

Principal hereby constitutes and appoints Attorney-in-Fact to act in the name and place of Principal, and as the true and lawful attorney for Principal to perform the following acts:

Principal gives and grants to Attorney-in-Fact full power and authority to do and perform every act and thing whatsoever requisite, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as Principal might or could do if personally present, hereby ratifying all that Attorney-in-Fact shall lawfully do or cause to be done by virtue of this Special Power of Attorney.

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

\_\_\_\_\_  
Signature of Principal

I, \_\_\_\_\_, the Principal, sign my name to this Power of Attorney this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and, being first duly sworn, do declare to the undersigned authority that I sign or direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the Power of Attorney and that I am eighteen years of age or older, of sound mind and under no constraint or under influence.

\_\_\_\_\_  
Signature of Principal

I, \_\_\_\_\_, the witness, sign my name to the foregoing Power of Attorney being first duly sworn and do declare to the undersigned authority that the Principal signs and executes this instrument as his/her Power of Attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the Principal, sign this Power of Attorney as witness to the Principal's signing and that to the best of my knowledge the Principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

\_\_\_\_\_  
Signature of Witness

STATE OF \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.  
\_\_\_\_\_ )

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_,  
the Principal, and subscribed and sworn to before me by \_\_\_\_\_,  
the witness, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public