

DURABLE POWER OF ATTORNEY OF JANE DOE

I, JANE DOE, a resident of _____, do hereby create this Durable Power of Attorney. I revoke all powers of attorney I have previously executed, with the exception of any power of attorney directly related to my health care.

ARTICLE ONE: AGENT

I appoint JOHN DOE as my Agent to exercise the powers described below.

If JOHN DOE fails to serve, I appoint the following to serve as successor Agent in the order named:

ARTICLE TWO: EFFECTIVENESS AND DURABILITY

This Durable Power of Attorney shall become effective immediately. It shall not be affected by my disability or subsequent incapacity. This Durable Power of Attorney shall remain effective until my death, or until I revoke it by providing written notice to my Agent.

ARTICLE THREE: POWERS GRANTED

My Agent shall have the powers granted in this Article and shall have full power and authority to act on my behalf. This shall apply to any property I now own, or may acquire in the future. My Agent's power shall not be limited to, but shall include the power to:

1. Open, maintain, or close accounts, including but not limited to bank accounts, brokerage accounts, retirement plan accounts, and the like, associated with financial institutions.
2. Sell any asset or property owned by me.
3. Buy any kind of property.
4. Purchase and/or maintain insurance and annuity contracts.
5. Invest, reinvest, or terminate any investment in any of my property.
6. Manage any real property I own.
7. Take any legal steps needed to collect a debt owed to me or settle a claim, whether made by me or made against me by another.
8. Enter into contracts.
9. Exercise any right relating to stock or securities.
10. Operate and manage any business, or execute any business interest as necessary.
11. Hire and employ professional and business advisors to assist with my personal and business affairs.
12. Collect all government benefits to which I may be entitled.
13. Manage my tangible personal property.
14. Access and control my digital assets.

15. Collect all qualified retirement benefits and exercise any rights I may have under any retirement plan.
16. Rent, add contents to, or remove contents from a safe-deposit box.
17. Make secured and unsecured loans on my behalf.
18. Represent me in all tax matters.

I expressly grant my Agent the power to *[initial any that apply]*:

- _____ Make gifts to others.
- _____ Create or change a beneficiary designation.
- _____ Create, amend, revoke or terminate an inter vivos trust.
- _____ Create or change ownership with a right of survivorship.
- _____ Delegate any authority granted by this Durable Power of Attorney.
- _____ Waive my right to be the beneficiary of a joint and survivor annuity.

ARTICLE FOUR: ADDITIONAL PROVISIONS

My agent shall not be liable for any loss that may result from acts that were performed by my Agent in good faith. However, my Agent shall be held liable for any acts that result from willful misconduct, gross negligence or the failure to act in good faith. A successor Agent shall not be liable for the acts of a prior Agent.

My agent shall be entitled to reasonable compensation and to reimbursement for reasonable expenses incurred as a result of carrying out the provisions under this Durable Power of Attorney.

My agent shall provide accountings for funds handled and acts performed as my Agent, upon request by me or any authorized representative of mine.

No person or entity who relies on the authority of my Agent under this Durable Power of Attorney shall incur any liability to my estate, my personal representative, or to me.

This Durable Power of Attorney shall be interpreted and governed by the laws of the State of _____.

JANE DOE, Principal

Date

First Witness Signature

Second Witness Signature

First Witness Printed Name

Second Witness Printed Name

Date

Date

First Witness Address

Second Witness Address

First Witness City, State, Zip

Second Witness City, State, Zip

Subscribed, sworn to and acknowledged before me by JANE DOE, _____
(First Witness), and _____, (Second Witness) this ____ day
of _____, 20 _____.

Notary Public

My commission expires on: _____

(Seal)