

**GENERAL DURABLE POWER OF ATTORNEY
EFFECTIVE UPON EXECUTION**

I, _____ (name of Principle),
designate _____ (name of Agent)
as my attorney-in-fact (referred to as the "Agent") on the following terms and conditions:

1. Authority to Act. The Agent is authorized to act for me under this Power of Attorney and shall exercise all powers in my best interests and for my welfare.
2. Powers of Agent. The Agent may perform any act, and exercise any power with regard to my property, and affairs that I could do personally, including exercising all of the specific powers set forth below:
 - a. Collect and manage. To collect, hold, maintain, improve, invest, lease, or otherwise manage any or all of my real or personal property or any interest therein;
 - b. Buy and Sell. To in any real or personal property, tangible or intangible, or any interest therein, upon such terms as the Agent consider proper including the power to buy United States Treasury Bonds that may be redeemed at par for the payment of federal estate tax and to sell or transfer treasury securities. Agent is specifically authorized to purchase, sell, mortgage, grant options, or otherwise deal in any way, the following described property and to execute all documents necessary to complete such sale:
 - c. Borrow. To borrow money, to execute promissory notes therefore, and to secure any obligation by mortgage or pledge;
 - d. Business and Banking. To conduct and participate in any kind of lawful business of any nature or kind, including the right to sign partnership agreements, continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business and to vote stock, including the exercise of any stock options and the carrying out of any buy-sell agreement; to receive and endorse checks, and other negotiable paper, deposit and withdraw funds (by check or withdrawal slips) that I now have on deposit or to which I may be entitled in the future; '
 - e. Tax Returns and Reports. To prepare, sign, and file separate or joint income, gift, and other tax returns and other governmental reports and documents; to consent to any gift; to file any claim for tax refund; and to represent me in all matters before the Internal Revenue Service;
 - f. Safe Deposit Boxes. To have access to any safety deposit box registered in my; name alone or jointly with others, and to remove any property or papers located therein;
 - g. Proxy Rights. To act as my agent or proxy for any stocks, bonds, shares, or other investments, rights or investments, rights, or interests I may now or hereafter hold;
 - h. Governmental Benefits. To make application to any governmental or tribal agency for any benefit or governmental or tribal obligation to which I may be entitled;
 - i. Legal and Administrative Proceedings. To engage in any administrative or legal proceedings, or lawsuits in connection with any matter herein. I specifically authorize my agent to petition Tribal Court' to access my per capita trust fund for releases of funds to my agent to be utilized *for my* benefit, including reimbursements to my agent for expenses incurred on my behalf;
 - j. Life Insurance. To exercise any incidents of ownership I may possess with respect to policies of insurance, except policies insuring the life of my Agent;
 - k. Transfers in Trust. To transfer any interest I may have in property, whether real or personal, tangible or intangible, to the trustee of any trust that I has been created for my benefit;
 - l. Delegation of Authority. To engage and dismiss agent, counsel, and employees in connection with any matter, upon such terms as my agent determines;
 - m. Health Care Decisions. To employ and terminate physicians and other health care providers; to contract for my admission to hospitals, nursing homes, and other treatment or residential facilities; to have access to my medical records; to execute consents and releases concerning my medical treatment; to execute consents and releases concerning my medical treatment; and to make decisions regarding use, refusal, and discontinuation of life-sustaining procedures and technology;
 - n. Restrictions on Agent' Powers. Regardless of the above statements, my agent (1) cannot execute a will, a codicil, or any will substitute on my behalf; (2) cannot change the beneficiary on any life insurance policies that I own; (3) cannot make gifts on my behalf; and (4) may not exercise any powers that would cause assets of mine to be considered taxable to my agent or to my agent' estate for purposes of any income, estate, or inheritance tax.

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- 3. Durability. This durable Power of Attorney shall not be affected by my disability and shall continue in effect until my death or until revoked by me in writing.
- 4. Reliance by Third Parties. Third parties may rely upon the representations of the Agent. No person who acts in reliance on the representations of the Agent or the authority granted under this Power of Attorney shall incur any liability to me or to my estate for permitting the agent to exercise any, power prior to actual knowledge that the Power of Attorney has been revoked or terminated by operation of law or otherwise.
- 5. Indemnification. No agent named or substituted in this power shall incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence.
- 6. Original Counterparts. Photocopies of this signed Power of Attorney shall be treated as original counterparts.
- 7. Revocation. I hereby revoke any previous Powers of attorney that I may have given to deal with my property and affairs as set forth herein.

Signed in the presence of:

Witness Date _____, Principal Date

Witness Date

NOTARY PUBLIC

The foregoing instrument was subscribed and sworn before me and I certify this to be the original document on this _____ day of _____ (month), _____ (year), by _____ (Name of Principle).

County/City of: _____ Commonwealth/State of: _____

Notary Public Name: _____ My Commission Expires: _____

(Notary Stamp & Seal)

Please type or print names under signature lines for principal and witnesses.

Name of Principal: _____

Name of Agent: _____

Address of Principal: _____

Address of Agent: _____

D.O.B. of Principal: _____