

**DURABLE POWER OF ATTORNEY EFFECTIVE UPON EXECUTION  
FOR LEGAL AND ADMINISTRATIVE PROCEEDINGS**

I (referred to as "Principal"), \_\_\_\_\_ designate \_\_\_\_\_, as my attorney-in-fact (referred to as the "Agent") on the 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 regarding my property, and affairs that I could do personally, including exercising all the specific powers set forth below:
  - a. Legal and Administrative Proceedings – Engage in any administrative or legal proceedings or lawsuits in connection with any matter under this power.
3. Reliance by third parties. Third parties may rely on the representations of the agent in all matters regarding powers granted to 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or to my estate for permitting the agent to exercise any power before actual knowledge that the power of attorney has been revoked or terminated by operation of law or otherwise.
4. Indemnification of the agent. 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 that agent's own misconduct or negligence.
5. Original counterparts. Photocopies or facsimile reproductions of this signed power of attorney shall be treated as original counterparts.
6. Revocation. I revoke any previous power of attorney that I may have given to deal with my property and affairs as stated in this document.

Signed in the Present of:

Witness	_____	Date	_____
Witness	_____	Date	_____
Principal	_____	Date	_____

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me \_\_\_\_\_, a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_, personally appeared \_\_\_\_\_, who proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged he/she executed same.

Notary Public \_\_\_\_\_  
In and For County \_\_\_\_\_ State of \_\_\_\_\_  
Acting in County of \_\_\_\_\_  
My Commission Expires on \_\_\_\_\_

(seal)