FLORIDA DURABLE POWER OF ATTORNEY

On the day of	, 20	I,	, the
principal, of	, State of		, the , hereby designate , my
, of _		_, State of ₋	, my
	efit, hereby revoking		initialed below, in my name, I financial powers of attorney
	EFFECTIVE D	DATE	
(Choose the applicable par	ragraph by placing you	ır initials in	the preceding space)
	nent. These powers sh	nall not be	th herein immediately upon affected by any subsequent
or			
B. I grant my a been determined in writing handle my financial affairs.	, by my attending phys		rth herein only when it has I am unable to properly
P	OWERS OF ATTORI	NEY-IN-FA	ACT
My attorney-in-fact shall ex fiduciary. My attorney-in-fact			sts and for my welfare, as a
(Choose the applicable pov	ver(s) by placing your	initials in t	he preceding space)
withdraw funds by check of personal and business exp	r otherwise to pay for enses for my benefit. in-fact is authorized to	goods, ser If necessa	financial institution, and to vices, and any other ary to effect my attorney-inany document required to be
deposit box rented by me of	or to which I may have ary, and to remove all aid safe-deposit box; cated shall not incur a	access, wo are any part and any in any liability	t of the contents thereof, and stitution in which any such to me or my estate as a
			in my name; to borrow e promissory notes or other



payment thereof any or all of my securities, real estate, personal property, or other property of whatever nature and wherever situated, held by me personally or in trust for my benefit. **GOVERNMENT BENEFITS** - To apply for and receive any government benefits for which I may be eligible or become eligible, including but not limited to, Social Security, Medicare and Medicaid. **RETIREMENT PLAN** - To contribute to, select payment option of, roll-over, and receive benefits of any retirement plan or IRA I may own, except my attorney-in-fact shall not have power to change the beneficiary of any of my retirement plans or IRAs. **TAXES** - To complete and sign any local, state and federal tax returns on my behalf, pay any taxes and assessments due and receive credits and refunds owed to me and to sign any tax agency documents necessary to effectuate these powers. **INSURANCE** - To purchase, pay premiums and make claims on life, health, automobile and homeowners' insurance on my behalf, except my attorney-in-fact shall not have the power to cash in or change the beneficiary of any life insurance policy. **REAL ESTATE** - To acquire, purchase, exchange, lease, grant options to sell, and sell and convey real property, or any interests therein, on such terms and conditions, including credit arrangements, as my attorney-in-fact shall deem proper; to execute, acknowledge and deliver, under seal or otherwise, any and all assignments, transfers, deeds, papers, documents or instruments which my attorney-in-fact shall deem necessary in connection therewith. **PERSONAL PROPERTY** - To acquire, purchase, exchange, lease, grant options to sell, and sell and convey personal property, or any interests therein, on such terms and conditions, including credit arrangements, as my attorney-in-fact shall deem proper; to execute, acknowledge and deliver, under seal or otherwise, any and all assignments, transfers, titles, papers, documents or instruments which my attorney-infact shall deem necessary in connection therewith; to purchase, sell or otherwise dispose of, assign, transfer and convey shares of stock, bonds, securities and other personal property now or hereafter belonging to me, whether standing in my name or otherwise, and wherever situated. **POWER TO MANAGE PROPERTY-** To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interests therein, that I now own or may hereafter acquire, in my name and for my benefit, upon such terms and conditions as my attorney-in-fact shall deem proper. **GIFTS** - To make gifts, grants, or other transfers (including the forgiveness of indebtedness and the completion of any charitable pledges I may have made) without consideration, either outright or in trust to such person(s) (including my attorney-in-fact hereunder) or organizations as my attorney-in-fact shall select, including, without

obligations therefor; and to deposit or mortgage as collateral or for security for the



limitation, the following actions: (a) transfer by gift in advancement of a bequest or devise to beneficiaries under my will or in the absence of a will to my spouse and descendants in whatever degree; and (b) release of any life interest, or waiver, renunciation, disclaimer, or declination of any gift to me by will, deed, or trust
LEGAL ADVICE AND PROCEEDINGS - To obtain and pay for legal advice, to initiate or defend legal and administrative proceedings on my behalf, including actions
against third parties who refuse, without cause, to honor this instrument.
SPECIAL INSTRUCTIONS: On the following lines are any special instructions limiting or extending the powers I give to my attorney-in-fact (Write "None" if no additional instructions are given):

AUTHORITY OF ATTORNEY-IN-FACT: Any party dealing with my attorney-in-fact hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my attorney-in-fact as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my attorney-in-fact or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my attorney-in-fact shall lawfully do under this instrument. My attorney-in-fact is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.

LIABILITY OF ATTORNEY-IN-FACT: My attorney-in-fact shall not incur any liability to me under this power except for a breach of fiduciary duty.

REIMBURSEMENT OF ATTORNEY-IN-FACT: My attorney-in-fact is entitled to reimbursement for reasonable expenses incurred in exercising powers hereunder, and to reasonable compensation for services provided as attorney-in-fact.

AMENDMENT AND REVOCATION: I can amend or revoke this power of attorney through a writing delivered to my attorney-in-fact. Any amendment or revocation is ineffective as to a third party until such third party has notice of such revocation or amendment.

STATE LAW: This Power of Attorney is governed by the laws of the State of Florida. This durable power of attorney is not terminated by subsequent incapacity of the principal except as provided in chapter 709, Florida Statutes. All of the powers and provisions of said Statute shall be in addition to the powers and provisions thereof and not in limitation thereof.

PHOTOCOPIES: Photocopies of this document can be relied upon as though they were originals.



IN WITHESS WHEREOF, Thave on u	iis, day di, 20,
executed this Financial Power of Attor	ney.
Principal's Signature	
principal signed and executed this inst principal signed it willingly, that each o witness at the request of the principal	eclare in the presence of the principal that the trument in the presence of each of us, that the of us hereby signs this Power of Attorney as and in the principal's presence, and that, to the eighteen years of age or over, of sound mind, tence.
Witness's Signature	
Address	
Witness's Signature	
Address	
STATE OF	
County, ss.	
, as Principal through government issued photo ider	, 20, before me appeared of this Power of Attorney who proved to me antification to be the above-named person, in my ent and acknowledged that (s)he executed the
	Notary Public
	My commission expires:



SPECIMEN SIGNATURE AND ACCEPTANCE OF APPOINTMENT

I,, the at	torney-in-fact named above, hereby accept
appointment as attorney-in-fact in	accordance with the foregoing instrument.
	Attorney-in-Fact's Signature
STATE OF	_
County, ss	s.
On this day of, as Attor	, 20, before me appeared rney-in-Fact of this Power of Attorney who proved to
me through government issued ph	noto identification to be the above-named person, in ing acceptance of appointment and acknowledged
	Notary Public
	My commission expires:

