DURABLE GENERAL POWER OF ATTORNEY

State of Arkansas

Principal
Principal #1 Name: _____
Address: _____

Principal #2 Name: _____
Address:_____

Principal # 1 Date of Birth: _____

Principal # 2 Date of Birth: _____

Agent (Attorney-in-Fact)
Name:

_____
Address:

_____

Grant of General Authority
I hereby appoint my Agent to act for me and in my name, place, and stead, to: Manage, sell, lease, mortgage, or transfer real estate and other real property. Operate, control, buy, and sell personal property, including vehicles, art, personal belongings, and household items. Access and manage any bank accounts, certificates of deposit, savings, or checking accounts, and to make deposits, withdrawals, and transfers. Handle investments, stocks, bonds, and retirement accounts, and engage in business and investment transactions. File tax returns, claim refunds, and handle tax liabilities, government benefits, and insurance matters. Borrow money, execute deeds of trust or mortgage documents, and conduct all lawful acts concerning money or property. Conduct any legal or financial transaction I could lawfully perform myself, except for decisions relating to healthcare or medical treatment.

Durability
This Power of Attorney shall not be affected by my subsequent disability or incapacity and shall remain in full force and effect until I revoke it in writing.

Effectiveness
This Power of Attorney becomes effective immediately upon my signature.

Revocation

I retain the right to revoke this Power of Attorney at any time by providing written notice to my Agent.

Execution
Executed this _____day of _____, 20_____.

Principal Printed Name: _____

Principal Signature: _____

Notary Acknowledgment
State of Arkansas
County of Garland

On this _____ day of _____, 20_____, before me,

_____,

a Notary Public in and for said County and State, personally appeared

_____,

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public: _____

My Commission Expires:
_____ (Seal)

Agent's Acknowledgment

I, _____, accept the appointment as Agent under this Durable General Power of Attorney and agree to act in good faith on behalf of the Principal.

Signature of Agent: _____

Date: _____