

STATUTORY DURABLE POWER OF ATTORNEY

STATE OF TEXAS §
COUNTY OF _____ §

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, _____ (hereafter "I", "me", "my" or "principal"), my date of birth being _____, hereby appoint _____, whose date of birth is _____, as my agent and attorney-in-fact, to act for me in any lawful way with respect to the following powers set forth by TEX. PROB. CODE § 496, unless I have crossed out said power. (Cross out any powers you do not want your agent to have)

- (1) Real property transactions;
- (2) Tangible personal property transactions;
- (3) Stock and bond transactions;
- (4) Commodity and option transactions;
- (5) Banking and other financial institution transactions;
- (6) Business operating transactions;
- (7) Insurance and annuity transactions;
- (8) Estate, trust, and other beneficiary transactions;
- (9) Claims and litigation;
- (10) Personal and family maintenance;
- (11) Benefits from Social Security, Medicaid, Medicare, or other governmental programs or civil or military service;
- (12) Retirement plan transactions; and
- (13) Tax matters.

IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL BE CONSTRUED AND INTERPRETED AS A GENERAL POWER OF ATTORNEY ANY MY AGENT (ATTORNEY IN FACT) SHALL HAVE THE POWER AND AUTHORITY TO PEERFORM OR UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

If any power granted to my attorney-in-fact herein conflicts with a power expressly granted to my attorney-in-fact in my Medical Durable Power of Attorney, if one exists, the powers granted to my attorney-in-fact in this instrument shall supersede and prevail over those in my Medical Durable Power of Attorney, if any exists.

Principal Initial Here: _____

The powers herein shall become effective (initial one, cross out the other):

_____ Immediately and shall not be affected by my subsequent disability or incapacity; or

_____ Upon my disability or incapacity. The definition of my "disability" or "incapacity" shall mean when and if a physician certified in writing, on a date later than the date this instrument is executed, that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize a physician who examines me for this purpose to disclose my physical or mental condition to another person for the purposes of this power of attorney. A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by my physician or my disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Revocation of this statutory durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. A copy of this instrument shall have the same force and effect as the original.

IT WITNESS WHEREOF, I hereby execute this instrument.

Signature: _____

Dated: _____

Printed Name: _____

On this day, before me, the undersigned authority, personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and he/she acknowledge to me he/she executed same for the purposes therein expressed.

WITNESS my hand and official seal on this _____ day of _____, 2012.

Notary Public – State of Texas

(seal)

ACCEPTANCE OF APPOINTMENT

I have received a copy of the above Statutory Durable Power of Attorney, and I accept my appointment as _____'s agent and attorney-in-fact.

Signature of Agent: _____

Dated: _____

Printed Name of Agent: _____