

NOTICE

The purpose of this power of attorney is to give the person you designate (your "Agent") broad powers to handle your property, which may include powers to sell or otherwise dispose of any real or personal property without advance notice to you or approval by you.

This power of attorney does not impose a duty on your agent to exercise granted powers, but when powers are exercised, your agent must use due care to act for your benefit and in accordance with this power of attorney.

Your agent may exercise the powers given here throughout your lifetime, even after you become incapacitated, unless you expressly limit the duration of these powers or you revoke these powers or a court acting on your behalf terminates your agent's authority.

Your agent must keep your funds separate from your agent's funds.

A court can take away the powers of your agent if it finds your agent is not acting properly.

The powers and duties of an agent under a power of attorney are explained more fully in 20 Pa.C.S. Chapter 56.

If there is anything about this form that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

I have read or had explained to me this notice and I understand its contents.

Principal's Name

Date

Acknowledgement by Agent

The agent shall have no authority to act as agent under the power of attorney unless the agent has first executed and affixed to the power of attorney the following acknowledgement.

I, _____, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in 20 Pa. C.S. when I act as agent:

I shall exercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all action, receipts, and disbursements on behalf of the principal.

Agent

Date

DURABLE POWER OF ATTORNEY

I, _____, hereby revoke any general power of attorney that I have heretofore given to any person and do hereby appoint _____ to be my true and lawful Agent for me and on my behalf to perform all such acts as my Agent in his/her absolute discretion may deem advisable, as fully as I could do if personally present. This Power of Attorney is durable and shall not be affected my subsequent disability or incapacity.

I. Except as otherwise stated in this Power of Attorney, my Agent is given the fullest powers to act on my behalf, including the following powers (**cross out and initial the powers you do not want to give**):

- To make limited gifts.
 - To create a trust for my benefit.
 - To make additions to an existing trust for my benefit.
 - To claim an elective share of the estate of my deceased spouse.
 - To disclaim any interest in property.
 - To renounce fiduciary positions.
 - To withdraw and receive the income or corpus of a trust.
 - To authorize my admission to a medical, nursing, residential, or similar facility and to enter into agreements for my care.
 - To authorize medical and surgical procedures.
 - To engage in real property transactions.
 - To engage in tangible personal property transactions.
 - To engage in stock, bond, and other securities transactions.
 - To engage in commodity and option transactions.
 - To borrow money.
 - To enter safe deposit boxes.
 - To engage in insurance transactions.
 - To engage in retirement plan transactions.
 - To handle interests in estates and trusts.
 - To pursue claims and litigation.
 - To receive government benefits.
 - To pursue tax matters.
 - To make an anatomical gift of all or part of my body.
 - To make or do any of the following (*use this space to list any additional powers you want your Agent to have*): _____
- _____
- _____

II. This Power of Attorney shall not expire by reason of lapse of time.

III. This Power of Attorney shall be revoked by my giving my Agent written notification of the revocation. This notice shall not be considered binding unless actually received. Notice shall be deemed to have been received if hand-delivered or if mailed via the United States Post Office or other nationally-recognized parcel service using a delivery confirmation or tracking receipt.

IV. My Agent shall have authority to make copies of this Power of Attorney and to certify and deliver the copy or original to any person, entity, or government agency. I hereby agree that any third party receiving a duly executed copy or facsimile of this Power of Attorney may act hereunder

and that revocation or termination of the Power of Attorney shall be ineffective as to such third party unless the third party possesses notice or knowledge of such revocation or termination.

V. I willfully and voluntarily sign this document and I understand its purpose.

Principal's Signature

Date

Statement and Signature of Witnesses.

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud, or undue influence. (Two witnesses at least 18 years of age are required by Pennsylvania law and should witness your signature in each other's presence. A person may not be a witness if he/she signs this document on behalf of and at the direction of a Principal.

Witness Signature

Witness Signature

Print Name

Print Name

Notarization (Optional)

Notarization of document is not required in Pennsylvania, but if the document is both witnessed and notarized, it is more likely to be honored in some other states.

On this _____ day of _____, 20____, before me personally appeared the aforesaid declarant, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of _____, Commonwealth of Pennsylvania, the day and year first above written.

Notary Public

My Commission Expires