GENERAL POWER OF ATTORNEY

1. 1. Designation of Principal and Agent

I, [PRINCIPAL FULL NAME], residing at [PRINCIPAL ADDRESS], date of birth [PRINCIPAL DATE OF BIRTH] (the "Principal"), appoint [AGENT FULL NAME], residing at [AGENT ADDRESS], telephone [AGENT PHONE] (the "Agent" or "attorney-in-fact"), to act for me in the matters described in this General Power of Attorney (this "Power"). My Agent may act on my behalf in my name, place, and stead in any way that I could act personally with respect to the powers granted below, subject to any limitation stated in Section 5. I revoke any general power of attorney over financial matters that I previously executed, except [PRIOR POWER TO REMAIN IN EFFECT, if any].

2. 2. Successor Agents

If my Agent named above resigns, dies, becomes incapacitated, is unavailable, is not qualified to serve, or is the subject of a pending action for dissolution of marriage with me, I appoint [SUCCESSOR AGENT ONE FULL NAME], residing at [SUCCESSOR ONE ADDRESS], telephone [SUCCESSOR ONE PHONE], to serve as my Agent. If that person is also unable or unwilling to serve, I appoint [SUCCESSOR AGENT TWO FULL NAME], residing at [SUCCESSOR TWO ADDRESS], to serve. A successor Agent has all of the authority granted to the original Agent and none of the liability for any act of a predecessor. A successor Agent may rely on a written statement signed by the prior Agent, a physician, or a court confirming that the prior Agent is unable to serve, and any third party may rely on that same statement. My Agents may [MULTIPLE AGENT ELECTION, e.g., act only one at a time in the order named / act jointly, requiring both signatures / act independently].

3. 3. Effective Date and Durability

This Power becomes effective as follows: [EFFECTIVENESS ELECTION, e.g., immediately on the date I sign it / only on a written determination by [NUMBER] licensed physician that I am unable to manage my financial affairs]. DURABILITY: This Power is durable. The authority granted to my Agent continues in full force notwithstanding my later disability, incapacity, or incompetence, and is not affected by the lapse of time. This Power is intended to remain effective until I revoke it in writing, until a date or event stated in Section 12, or until my death, and no third party may treat it as expired merely because of the passage of time since the date of signing. If a court appoints a guardian or conservator for me, I nominate my Agent for that role, and the authority of my Agent under this Power continues unless the court orders otherwise.

4. 4. Powers Granted to the Agent

I grant my Agent authority to act for me in the following matters, and my Agent may do everything reasonably necessary to exercise them. (a) BANKING AND FINANCIAL: open, close, and operate deposit, checking, savings, money market, and safe deposit accounts; deposit, withdraw, endorse, and transfer funds; sign checks and initiate electronic transfers; borrow money and pledge assets as security. (b) REAL PROPERTY: buy, sell, exchange, lease, mortgage, refinance, manage, insure, repair, and convey any interest in real property, and sign deeds, closing statements, and related documents. (c) PERSONAL PROPERTY: buy, sell, lease, store, insure, and dispose of tangible personal property and vehicles. (d) INVESTMENTS: buy, sell, and manage stocks, bonds, funds, and other securities; exercise voting and conversion rights; establish and direct brokerage accounts. (e) INSURANCE AND ANNUITIES: apply for, maintain, modify, cancel, and collect on insurance policies and annuities, other than changing a beneficiary except as permitted in Section 6. (f) RETIREMENT AND GOVERNMENT BENEFITS: apply for, manage, and receive retirement plan distributions, pensions, Social Security, Medicare, Medicaid, veterans, disability, and other public benefits. (g) BUSINESS: operate, manage,

vote interests in, sign for, and wind up any business interest I own. (h) LITIGATION AND CLAIMS: bring, defend, settle, and compromise claims, and hire attorneys and other professionals. (i) TAXES: prepare, sign, and file federal, state, and local tax returns and related documents, represent me before taxing authorities, receive refunds and confidential tax information, and sign any authorization form required for that purpose. (j) DIGITAL ASSETS: access, manage, transfer, and close my email accounts, online financial accounts, cloud storage, and other digital assets and electronic communications, to the extent permitted by applicable law and the terms of service. (k) PERSONAL AND FAMILY MAINTENANCE: pay my ordinary living expenses and those of my dependents, including housing, utilities, medical costs, and education.

5. 5. Limitations and Powers Expressly Withheld

My Agent may NOT do any of the following: make, amend, or revoke a will on my behalf; make health care or medical treatment decisions for me, which are addressed in a separate medical power of attorney; vote in a public election in my name; exercise a power held by me as a trustee or personal representative for someone else; or take any action prohibited by applicable law. Unless expressly granted in Section 6, my Agent may not create, amend, revoke, or terminate a trust; make a gift of my property; change a beneficiary designation on any account, policy, or plan; create or change rights of survivorship; delegate this Power to another person; or waive my right to be a beneficiary of a joint and survivor annuity or survivor benefit. My Agent may not use my property for the personal benefit of the Agent except as expressly permitted in this Power. Additional limitations I impose are: [ADDITIONAL LIMITATIONS, if any].

6. 6. Gifting and Beneficiary Authority (Optional)

I [GIFTING ELECTION, e.g., DO / DO NOT] grant my Agent authority to make gifts of my property. If granted, my Agent may make gifts to [PERMITTED RECIPIENTS, e.g., my spouse, descendants, and their spouses, and charitable organizations I have previously supported] in an aggregate amount not exceeding [ANNUAL GIFT LIMIT, e.g., the federal annual gift tax exclusion amount per recipient per year], and only when the gift is consistent with my known estate plan, my history of giving, my financial ability to meet my own needs, and any tax objective that benefits me or my estate. My Agent may make a gift to the Agent personally only if [SELF-GIFT ELECTION, e.g., that gift is within the same annual limit and the Agent is a permitted recipient / never]. I [BENEFICIARY ELECTION, e.g., DO / DO NOT] grant my Agent authority to create or change beneficiary designations, rights of survivorship, or payable-on-death arrangements. I [TRUST ELECTION, e.g., DO / DO NOT] grant my Agent authority to create, fund, amend, or revoke a revocable trust for my benefit.

7. 7. Duties and Standard of Care of the Agent

My Agent must act in good faith, within the authority granted by this Power, and in my best interest and according to my reasonable expectations to the extent they are known to the Agent. My Agent will act loyally for my benefit, will avoid conflicts of interest that impair the ability to act impartially, will act with the care, competence, and diligence ordinarily exercised in similar circumstances, and will cooperate with any person authorized to make my health care decisions. My Agent will keep my property separate from the property of the Agent, will not commingle funds, and will maintain complete records of all receipts, disbursements, transactions, and decisions made on my behalf. My Agent will provide an accounting to me on request, and after my incapacity will provide an accounting within [ACCOUNTING PERIOD, e.g., thirty days] of a written request from [PERSONS ENTITLED TO ACCOUNTING, e.g., my spouse, any of my adult children, my successor Agent, or a court]. An Agent who acts in good faith within the authority granted is not liable for a decline in the value of my property.

8. 8. Compensation and Reimbursement of the Agent

My Agent is entitled to reimbursement of reasonable expenses actually incurred in acting under this Power,

including travel, postage, filing fees, and the cost of professional advice. My Agent [COMPENSATION ELECTION, e.g., will serve without compensation / is entitled to reasonable compensation for services rendered, at the rate of [COMPENSATION RATE] / is entitled to reasonable compensation as determined by the customary charges in the community for similar services]. My Agent may engage and pay from my funds attorneys, accountants, tax preparers, investment advisers, and other professionals to assist in carrying out the powers granted, and is not liable for the acts of a professional selected and monitored with reasonable care. All compensation and reimbursement must be documented in the records the Agent maintains under Section 7.

9. 9. Reliance by Third Parties

Any third party, including a bank, brokerage, title company, insurer, government agency, or health plan, may rely on this Power and on the authority of my Agent without further inquiry, and is fully protected in acting on the instructions of my Agent, unless that third party has actual knowledge that this Power has been revoked or terminated. A photocopy, facsimile, or electronic copy of this signed Power has the same force and effect as the original unless applicable law requires an original or a certified copy. I indemnify any third party who accepts and acts on this Power in good faith against any claim arising from that acceptance. If a third party refuses to accept this Power, my Agent may request a written statement of the reason for refusal, and I authorize my Agent to bring an action to compel acceptance where state law provides that remedy, with reasonable attorney fees payable from my property.

10. 10. Agent Acceptance and Certification

By signing below, the Agent accepts the appointment and acknowledges the duties described in Section 7. The Agent certifies that the Agent will act only within the scope of authority granted, will keep records, will not commingle the property of the Principal with the property of the Agent, and will notify the Principal or a person named in Section 7 if the Agent resigns. An Agent may resign at any time by delivering written notice to the Principal, to the guardian or conservator of the Principal if one has been appointed, and to the successor Agent named in Section 2, and the resignation is effective [RESIGNATION EFFECTIVE PERIOD, e.g., thirty days] after that notice or on acceptance by the successor, whichever is earlier. AGENT ACCEPTANCE: [AGENT FULL NAME]. Signature: _____. Date: [DATE].

11. 11. Revocation

I may revoke this Power at any time while I have capacity by signing a written revocation and delivering it to my Agent and to each third party known to be relying on this Power, including each bank, brokerage, insurer, and county recorder where this Power has been filed or recorded. Destroying the original document is not by itself a reliable revocation, because copies may already be in circulation. This Power is also revoked automatically as to my spouse serving as Agent if an action for dissolution of marriage, annulment, or legal separation is filed by either of us, unless this Power states otherwise. Revocation is not effective as to a third party until that third party receives actual notice of it, and my estate remains responsible for transactions completed by a third party in good faith before receiving that notice. Any revocation, and any amendment to this Power, must be signed and acknowledged with the same formalities used to sign this Power.

12. 12. Termination and Governing Law

This Power terminates on the earliest of the following: my death; my written revocation delivered as described in Section 11; [EXPIRATION DATE OR EVENT, if any]; the termination of the authority of my Agent with no successor able and willing to serve; or an order of a court terminating it. Termination is not effective as to my Agent or a third party until that person has actual knowledge of it, and an Agent who acts in good faith without knowledge of termination is not liable for doing so. This Power is governed by the laws of the State of

[GOVERNING STATE], and I intend that it be honored in any jurisdiction where my property is located to the fullest extent permitted by the law of that jurisdiction. If any provision of this Power is found invalid or unenforceable, the remaining provisions continue in full force. This Power will be recorded in the office of [RECORDING OFFICE] if it is used for a real property transaction requiring recording.

13. 13. Signature, Witnesses, and Notarization

I sign this General Power of Attorney freely and voluntarily, understanding the authority I am granting. PRINCIPAL: [PRINCIPAL FULL NAME]. Signature: _____. Date: [DATE]. WITNESS ONE: Signature: _____. Printed Name: [WITNESS ONE NAME]. Address: [WITNESS ONE ADDRESS]. Date: [DATE]. WITNESS TWO: Signature: _____. Printed Name: [WITNESS TWO NAME]. Address: [WITNESS TWO ADDRESS]. Date: [DATE]. Each witness affirms that the Principal signed in the presence of the witness, appeared to be of sound mind and under no duress or undue influence, and that the witness is not the Agent named in this Power. State of [STATE], County of [COUNTY]. On [NOTARY DATE], before me personally appeared [PRINCIPAL FULL NAME], known to me or satisfactorily identified, who acknowledged executing this instrument as a free and voluntary act for the purposes stated. Notary Public: _____. My commission expires: [EXPIRATION DATE].

14. Disclaimer

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