General Durable Power of Attorney

I, the undersigned

(Full legal names)

(SS/Identity number) residing at

**appoint**

(Full legal names)

(SS/Identity number) residing at

**AND**

(Full legal names)

(SS/Identity number) residing at

as my Attorneys-in-Fact (Agents) with the power of delegation and substitution and I give my agents the authority to **act jointly and severally**.

If an Agent is unable or unwilling to serve for any reason, I designate

(Full legal names)

(SS/Identity number) residing at

as **first substitute Agent** and

(Full legal names)

(SS/Identity number) residing at

as **second substitute Agent**.

1. I hereby revoke any and all previous powers of attorney signed by me except for my Power of Attorney for Health Care which shall remain in force.
2. This document shall be construed and interpreted as a general durable power of attorney and my Agents shall have full authority to act on my behalf in relation to all my property and affairs.

**OR**

1. This document shall be construed and interpreted as a durable power of attorney and my Agents shall have full authority to act on my behalf in relation to my property and affairs, save for the following conditions and restrictions:

2.1.

2.2.

1. I furthermore grant my Agents the authority to:
	1. Make gifts within gift tax limits except to themselves.
	2. Execute, amend or revoke any trust agreement.
	3. Exercise the right to make a disclaimer on my behalf.
2. I indemnify and hold harmless my Agents from any loss that results from an error made in good faith save for wilful misconduct or the wilful failure to act in good faith.
3. I indemnify any third party from any claims which may arise against the third party because of reliance on this power of attorney.
4. My Agents shall provide accurate records on a monthly basis of all transactions completed on my behalf and shall provide accounting records on a six-monthly basis.
	1. If I am unable to review the records and accounting, they must be submitted to:

(Full legal names)

(SS/Identity number) residing at

1. My Agents shall be entitled to compensation for their services at a rate as set out by law and for reimbursement of all reasonable expenses in their duties as my Agents.

**OR**

1. My Agents shall each be paid from my funds the sums of $ on the first day of every month for the duration of their duties as agents.
2. **This is a Durable Power of Attorney.** Even if I should become disabled or incompetent, it shall remain effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agents and interested third parties.

Executed this day of 20 at

Signature:

in the presence of the undersigned witnesses:

**Witness 1.** Name: Address:

Signature:

**Witness 2.** Name: Address:

Signature:

**Acknowledgement**

This document was acknowledged before me on this day of 20

by (Principal's full legal names) who is personally known to me or who has provided identification in the form of .

Signature of Notary Public

Full legal names

My commission expires

State of County of