

Statutory Durable Power of Attorney

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, AND 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, _____
(insert the name and address), my social security number being _____ (insert your proper social security number), appoint _____

(insert the name and address of the person appointed) as my agent (attorney -in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT; CROSS OUT EACH POWER WITHHELD.

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| <p>INITIAL</p> <p>_____ A. real property transactions;</p> <p>_____ B. tangible personal property transactions;</p> <p>_____ C. stock and bond transactions;</p> <p>_____ D. commodity and option transactions</p> <p>_____ E. banking and other financial institution transactions;</p> <p>_____ F. business operating transactions;</p> <p>_____ G. insurance and annuity transactions;</p> | <p>INITIAL</p> <p>_____ H. estate, trust, and other beneficiary transactions;</p> <p>_____ I. claims and litigation;</p> <p>_____ J. personal and family maintenance</p> <p>_____ K. benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service.</p> <p>_____ L. retirement plan transactions;</p> <p>_____ M. tax matters;</p> <p>_____ N. ALL OF THE POWERS LISTED IN (A) THROUGH (M). YOU</p> |
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NEED NOT TO INITIAL ANY OTHER LINES IF YOU INTITAL LINE (N).

SPECIAL INSTRUCTIONS :

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS TO YOUR AGENT.

In addition to the statutory powers granted pursuant to the categories initialed above, if (C) or (D) are initialed, the powers granted are extended to include the power to establish or close accounts with one or more brokers, dealers or investment advisors and to liquidate or distribute funds or property from any such accounts to any person, including the agent or attorney -in-fact hereunder.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN :

- A. This power of attorney is not affected by my subsequent disability or incapacity.
- B. This power of attorney becomes effective upon my disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

I agree that any third party who receives a copy of this document may act under it. Revocation of the 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.

If any agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name the following (each to act alone and successively, in the order named) as successor (s) to that agent:

Signed this _____ day of _____, 20____

(Your signature)

(Signature of agent)

Notary Public:

_____ personally appeared before me, and proved on the basis of satisfactory evidence to be the person whose name appears above.

Notary Public Signature

Date

State of: _____

My Commission Expires: _____