

PENNSYLVANIA DURABLE POWER OF ATTORNEY

NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON(S) YOU DESIGNATE (YOUR "AGENT(S)") 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 ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

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. CH. 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.

Signature of Principal _____ Date _____

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in Title 20, Chapter 56 of the Pennsylvania Consolidated Statutes.

This power of attorney does not authorize the agent to make health-care decisions for you.



You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for the designation of two agents. If you wish to name more than two agents, you may name the additional agents in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT(S)

I, _____ name the following person as my agent:

Name of Agent: _____

Agent's Address: _____

Agent's Telephone Number: _____

(If applicable)

Name of Co-agent: _____

Co-agent's Address: _____

Co-agent's Telephone Number: _____

Agents I designated above must act jointly separately.

(Check if applicable. Strike out if not.)

I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given or empowering another agent to act as my true and lawful attorney in fact. I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: _____

Successor Agent's Address: _____

Successor Agent's Telephone Number: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____



GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in Title 20, Chapter 56 of the Pennsylvania Consolidated Statutes:

- _____ (1) To make limited gifts.
- _____ (2) To create a trust for my benefit.
- _____ (3) To make additions to an existing trust for my benefit.
- _____ (4) To claim an elective share of the estate of my deceased spouse.
- _____ (5) To renounce fiduciary positions.
- _____ (6) To withdraw and receive the income or corpus of a trust.
- _____ (7) To authorize my admission to a medical, nursing, residential or similar facility and to enter into agreements for my care.
- _____ (8) To authorize medical and surgical procedures.
- _____ (9) To engage in real property transactions.
- _____ (10) To engage in tangible personal property transactions.
- _____ (11) To engage in stock, bond and other securities transactions.
- _____ (12) To engage in commodity and option transactions.
- _____ (13) To engage in banking and financial transactions.
- _____ (14) To borrow money.
- _____ (15) To enter safe deposit boxes.
- _____ (16) To engage in insurance and annuity transactions.
- _____ (17) To engage in retirement plan transactions.
- _____ (18) To handle interests in estates and trusts.
- _____ (19) To pursue claims and litigation.
- _____ (20) To receive government benefits.
- _____ (21) To pursue tax matters.
- _____ (22) To make an anatomical gift of all or part of my body.
- _____ (23) All Preceding Subjects

DURABILITY

This power of attorney is not affected by subsequent disability or incapacity of the principal or by lapse of time.

GRANT OF SPECIFIC AUTHORITY

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

- _____ (1) Create, amend, revoke, or terminate an inter vivos trust other than as permitted under section 5602(a)(2), (3) and (7) (relating to form of power of attorney).
- _____ (2) Make a gift.
- _____ (3) Create or change rights of survivorship.
- _____ (4) Create or change a beneficiary designation.
- _____ (5) Delegate authority granted under the power of attorney.
- _____ (6) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.
- _____ (7) Exercise fiduciary powers that the principal has authority to delegate.
- _____ (8) Disclaim property, including a power of appointment.

LIMITATION ON AGENT'S AUTHORITY



An agent that is not my ancestor, spouse or descendant may not exercise authority under a power of attorney to create in the agent, or in an individual to whom the agent owes a legal obligation of support, an interest in the principal's property, whether by gift, right of survivorship, beneficiary designation, disclaimer or otherwise unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

EFFECTIVE DATE

- This power of attorney is effective immediately.
- This power of attorney is effective upon the incapacity of the principal.
- This power of attorney is effective upon the occurrence of the following future event or contingency:
_____.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for Guardian of my Estate: _____
Nominee's Address: _____
Nominee's Telephone Number: _____

Name of Nominee for Guardian of my Person: _____
Nominee's Address: _____
Nominee's Telephone Number: _____

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Principal Signature: _____ Date: _____

(If applicable)

by:

Representative's Name Printed: _____

Representative's Signature _____



signing on behalf of:

Principal Name Printed:

Principal Address:

Principal Telephone Number:

NOTARY PUBLIC

State of _____

County of _____

This document was acknowledged before me on _____, by
_____ [Principal/Representative Name].

Signature of Notary _____

(Seal, if any)

My commission expires: _____

This document prepared by: _____

WITNESSES (Two Witnesses Must Sign)

I am 18 years of age or older, am not the individual who signed the power of attorney on behalf of and at the direction of the principal, am not the agent designated in the power of attorney or the notary public or other person authorized by law to take acknowledgments before whom the power of attorney is acknowledged.

First Witness Signature

Date

First Witness Name Printed

Second Witness Signature

Date

Second Witness Name Printed



IMPORTANT INFORMATION FOR AGENT(S)

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

Liability of Agent

The meaning of the authority granted to you is defined in the Pennsylvania Consolidated Statutes, Title 20, Chapter 56. If you violate the Pennsylvania Consolidated Statutes, Title 20, Chapter 56, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.



AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

Commonwealth/State of _____
County of _____

I, _____ [Name of Agent], certify under penalty of perjury that _____ [Name of Principal] granted me authority as an agent or successor agent in a power of attorney dated _____.

I, further certify that to my knowledge:

(1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(4) _____ [Insert other relevant statements]

ACKNOWLEDGEMENT BY AGENT(S)

I, _____, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

Signature of Agent: _____ Date: _____

(If applicable)

I, _____ [Name of Co-agent], have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

Signature of Co-agent: _____ Date: _____

NOTARY PUBLIC

Commonwealth/State of _____
County of _____

This document was acknowledged before me on _____, by _____ [Name of Agent].



Signature of Notary _____
(Seal, if any)

My commission expires: _____
This document prepared by: _____

(If applicable)

Commonwealth/State of _____
County of _____

This document was acknowledged before me on _____, by
_____ [Name of Co-agent].

Signature of Notary _____
(Seal, if any)

My commission expires: _____
This document prepared by: _____

