

EFFECTIVE DATE

Unless I have stated otherwise in the Special Instructions, this power of attorney is effective: (Check one)

- Immediately
- Upon my subsequent disability or incapacity
- On _____, 20_____
- Other: _____

TERMINATION (Check one and strike out the other)

- DURABLE Power of Attorney. This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.
- REGULAR Power of Attorney. This power of attorney shall terminate if I become disabled or incapacitated.

Appearer agrees to ratify and confirm all that the agent will do or cause to be done by virtue of this act of procuracy; to save, protect, defend, indemnify, and hold harmless appearer's attorney in fact for all actions taken on appearer's behalf, including any acts or omissions which may be negligent, excluding only willful misconduct; and any and all persons or corporations relying on this act, until they will receive actual written notice of revocation, with respect to their recognition of the designated agent.

Further, appearer grants to agent, full power and authority to sign all instruments in writing, acts and documents, to issue all necessary receipts, and to do all acts my agent deems necessary to accomplish the foregoing.

Thus done and passed, in my office in _____(City of notary public office), Louisiana on the day, month, and year first above-written, in the presence of _____ and _____, competent witnesses, who sign their names with the appearers and me, notary, after due reading of the whole.



WITNESSES

APPEARER

Witness' Printed Name: _____

Principal's Printed Name: _____

AGENT

Witness' Printed Name: _____

Agent's Printed Name: _____

Signature of Notary Public

(Seal, if any)

Print Name: _____

Bar/Notary No: _____

My Commission expires: _____



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

State of Louisiana

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)

SIGNATURE AND ACKNOWLEDGMENT OF AGENT

Agent's Signature _____ Date _____

Agent's Name Printed: _____

Agent's Address: _____

Agent's Telephone Number: _____

This document was acknowledged before me on _____ (Date),
_____ (Name of Agent).

Signature of Notary _____

(Seal, if any)

My commission expires: _____

This document prepared by: _____

