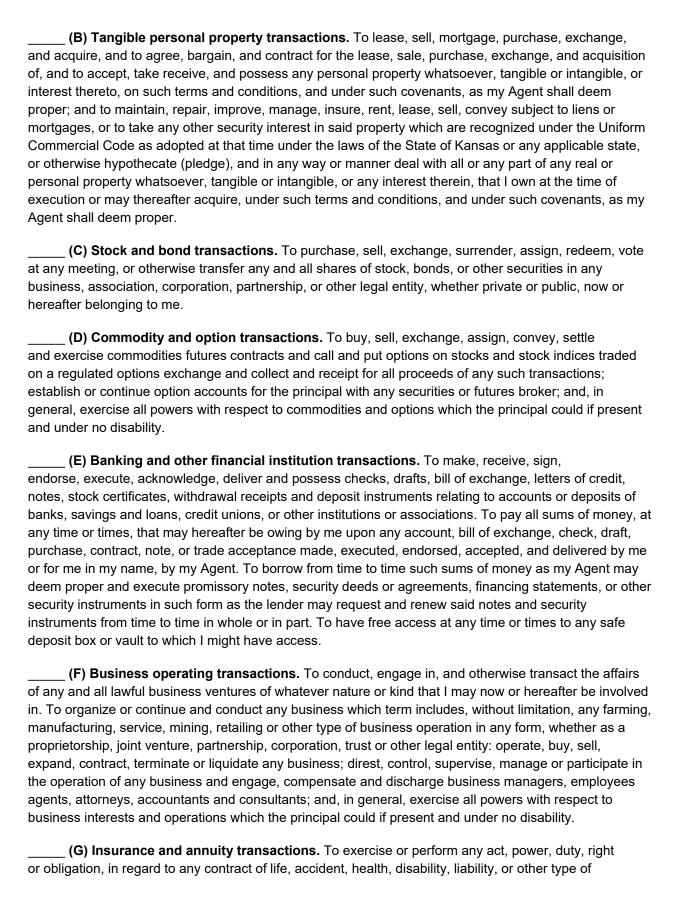
KANSAS POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE KANSAS POWER OF ATTORNEY ACT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTHCARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

(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 I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.
I, (your name), (address) appoint (name of the person appointed) (address) 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.
Note: If you initial Item A or Item B, which follow, a notarized signature will be required on behalf of the Principal.
INITIAL
(A) Real property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to acceptake, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve manage, insure, move, rent, lease, sell convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the State of Kansas, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interes or deeds to secure debt.







insurance or any combination of insurance; and to procure new or additional contracts of insurance for me and to designate the beneficiary of same; provided, however, that my Agent cannot designate himself or herself as beneficiary of any such insurance contracts.

or nerself as beneficiary of any such insurance contracts.
(H) Estate, trust, and other beneficiary transactions. To accept, receipt for, exercise, release, reject, renounce, assign disclaim, demand, sue for, claim and recover any legacy, bequest, devise, gift or other property interest or payment due or payable to or for the principle: assert any interest in and exercise any power over any trust, estate, or property subject to fiduciary control; establish a revocable trust solely for the benefit of the principal that terminates at the death of the principal and is then distributable to the legal representative of the estate of the principal; and, in general, exercise all powers with respect to estates and trusts which the principal could exercise if present and under no disability; provided, however, that the Agent may not make or change a will and may not revoke or amenda trust revocable or amendable by the principal or require the trustee of any trust for the benefit of the principal or require the trustee of any trust for the benefit of the Agent unless specific authority to that end is given.
(I) Claims and litigation. To commence, prosecute, discontinue, or defend all actions or other legal proceedings touching my property, real or personal, or any part thereof, or touching any matter in which I or my property, real or personal, may be in any way concerned. To defend, settle, adjust, make allowances, compound, submit to arbitration, and compromise all accounts, reckonings, claims, and demands whatsoever that now are, or hereafter shall be, pending between me and any person, firm, corporation, or other legal entity, in such manner and in all respects as my Agent shall deem proper.
(J) Personal and family maintenance. To hire accountants, attorneys at law, consultants, clerks, physicians, nurses, agents. servants, workmen, and others and to remove them, and to appoint others in their place, and to pay and allow the persons so employed such salaries, wages, or other remunerations, as my Agent shall deem proper.
(K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service. To prepare, sign and file any claim or application for Social Security, unemployment or military service benefits; sue for, settle or abandon any claims to any benefit or assistance under any federal, state, local or foreign statute or regulation; control, deposit to any account, collect, receipt for, an take title to and hold all benefits under any Social Security, unemployment, military service or other state, federal, local, or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, unemployment, military service, and governmental benefits, including but not limited to Medicar and Medicaid, which the principal could exercise if present and under no disability.
(L) Retirement plan transactions. To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any qualified or nonqualified pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employee benefit plan); select and change payment options for the principal under any retirement plan; make rollover contributions from any retirement plans or individual retirement accounts; exercise all investment powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances which the principal could if present and under disability.
(M) Tax matters. To prepare, to make elections, to execute and to file all tax, social security, unemployment insurance, and informational returns required by the laws of the United States, or of any state or subdivision thereof, or of any foreign government; to prepare, to execute, and to file all



other papers and instruments which the Agent shall think to be desirable or necessary for safeguarding me against excess or illegal taxation or against penalties imposed for claimed violation of any law or other governmental regulation; and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or assessments for which I am or may be liable.

_____ (N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

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

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

THIS POWER OF ATTORNEY SHALL TERMINATE IF I BECOME DISABLED OR INCAPACITATED.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHER, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRICKEN.)

Authority to Delegate. My agent shall have the right by written instrument to delegate any or all or the foregoing powers involving discretionary decision-making to any person or persons whom my Agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POSER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

Right to Compensation. My Agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

Successor Agent. If any Agent named by me shall die, become incompetent, resign or refuse to accept the office of Agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such Agent

Successor	Name:		
Successor	Name:		



Address:	
Successor Name:	
Address:	
Choice of Law. THIS POWER OF ATTORNEY WILL BE GOVE OF KANSAS WITHOUT REGARD FOR CONFLICTS OF LAWS IN THE STATE OF KANSAS AND IS INTENDED TO BE VALID UNITED STATES OF AMERICA AND ALL FOREIGN NATIONS	ON PRINCIPLES. IT WAS EXECUTED IN ALL JURISDICTIONS OF THE
I am fully informed as to all the contents of this form and unders to my Agent.	stand the full import of the grant of powers
I agree that any third party who receives a copy of this documer power of attorney is not effective as to a third party until the third indemnify the third party for any claims that arise against the third of attorney.	d party learns of the revocation. I agree to
This document must be: (1) Witnessed by two individuals of law to the principal by blood, marriage or adoption, not entitled to ar	-
(2) Acknowledged by a notary public.	
STATEMENT OF WITNE	ESS
On the date written above, the principal declared to me in my pr power of attorney and that he or she had willingly signed or dire that he or she executed it as his or her free and voluntary act fo	ected another to sign for him or her, and
[Signatu	re of Witness #1]
[Printed	or typed name of Witness #1]
[Address	s of Witness #1, Line 1]
[Addres	s of Witness #1, Line 2]
[Signatu	re of Witness #2]
[Printed	or typed name of Witness #2]
[Address	s of Witness #2, line 1]

_[Address of Witness #2, line 2]



A Note About Selecting Witnesses: Each witness must be present at the time that principal signs the Power of Attorney. Each witness must be a mentally competent adult. Witnesses should ideally reside close by, so that they will be easily accessible in the event they are one day needed to affirm this document's validity.

SIGNATURE AND ACKNOWLEDGMENT OF PRINCIPAL

Your Signature	Date	
Your Name Printed:		
Your Address:		
Your Telephone Number:		



CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF KANSAS				
COUNTY OF				
This document was ackno	wledged before me on this	day of	, 20	
by	(Name of Principal)			
Notary Seal, if any				
			(Signature of No	tary)
		Nota	ry Public for the State of Ka	nsas
		My cor	nmission expires:	



IMPORTANT INFORMATION FOR AGENT

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 Kansas Power of Attorney Act, Chapter 58, Article 6. If you violate the Kansas Power of Attorney Act, Chapter 58, Article 6, 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

State of	-
County of	<u> </u>
l,	(Name of Agent), certify under penalty of perjury that
	_ (Name of Principal) granted me authority as an agent or successor agent
in a power or allomoy dated	 ·
I, further certify that to my kn	owledge:
•	has not revoked the power of attorney or my authority to act under the wer of attorney and my authority to act under the power of attorney have not
(2) If the power of attorney w contingency, the event or cor	as drafted to become effective upon the happening of an event or
(3) If I was named as a succe	essor agent, the prior agent is no longer able or willing to serve; and
	(Insert other relevant statements)
	Date
Agent's Name Printed:	
Agent's Address:	_,,,,
Agent's Telephone Number:	
This document was acknowled	edged before me on
	(Date), by (Name of Agent).
Signature of Notary	
	
(Seal, if any)	
My commission expires:	
This document prepared by:	



PREPARATION OF STATEMENT

This document was prepared by the following individual:	
(Typed or Printed Name)	
	(Signature)

