

North Carolina Durable Power of Attorney

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DEFINED IN CHAPTER 32A OF THE NORTH CAROLINA GENERAL STATUTES WHICH EXPRESSLY PERMITS THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY DESIRED BY THE PARTIES CONCERNED.

State of _____

County of _____

I _____, appoint _____ to be my attorney-in-fact, to act in my name in any way which I could act for myself, with respect to the following matters as each of them is defined in Chapter 32A of the North Carolina General Statutes.

(DIRECTIONS: Initial the line opposite any one or more of the subdivisions as to which the principal desires to give the attorney-in-fact authority.)

- (1)..... Real property transactions _____
- (2)..... Personal property transactions _____
- (3)..... Bond, share, stock, securities and commodity transactions _____
- (4)..... Banking transactions _____
- (5)..... Safe deposits _____
- (6)..... Business operating transactions _____
- (7)..... Insurance transactions _____
- (8)..... Estate transactions. _____
- (9)..... Personal relationships and affairs _____
- (10).... Social security and unemployment. _____
- (11).... Benefits from military service. _____
- (12).... Tax matters _____
- (13).... Employment of agents. _____
- (14).... Gifts to charities, and to individuals other than the attorney-in-fact _____
- (15).... Gifts to the named attorney-in-fact _____

If power of substitution and revocation is to be given, initial the following sentence:

_____ I also give to such person full power to appoint another to act as my attorney-in-fact and full power to revoke such appointment.

If period of power of attorney is to be limited, initial the following sentence:

_____ This power terminates _____, 20 _____

If power of attorney is to be a durable power of attorney under the provision of Article

2 of Chapter 32A and is to continue in effect after the incapacity or mental incompetence of the principal, initial the following sentence:

_____ This power of attorney shall not be affected by my subsequent incapacity or mental incompetence.

If power of attorney is to take effect only after the incapacity or mental incompetence of the principal, initial this sentence.

_____ This power of attorney shall become effective after I become incapacitated or mentally incompetent.

If power of attorney is to be effective to terminate or direct the administration of a custodial trust created under the Uniform Custodial Trust Act, initial the following sentence:

_____ In the event of my subsequent incapacity or mental incompetence, the attorney-in-fact of this power of attorney shall have the power to terminate or to direct the administration of any custodial trust of which I am the beneficiary.

If power of attorney is to be effective to determine whether a beneficiary under the Uniform Custodial Trust Act is incapacitated or ceases to be incapacitated, initial the following sentence:

_____ The attorney-in-fact of this power of attorney shall have the power to determine whether I am incapacitated or whether my incapacity has ceased for the purposes of any custodial trust of which I am the beneficiary.

Dated _____, 20_____ .

Signature of Principal

Notary Acknowledgement

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20_____, personally appeared before me, the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

(Signature of Notary Public)

My Commission Expires _____