

DURABLE POWER OF ATTORNEY

I, _____, now residing in _____ Florida, do make, constitute and appoint _____, my Attorney-In-Fact, to act for me and in my name and stead, and to use to perform the following acts:

1. To demand, sue for, collect, recover and receive all goods, claims, debts, monies, interest and demands whatsoever now due, or that may hereafter be due, or belong to me (including the right to institute any action, suit or legal proceeding for the recovery thereof), and to make execute and deliver receipts, releases or other discharges therefore, under seal, or otherwise.
2. To make, execute, endorse, accept and deliver any and all checks, drafts, notes and other instruments; to deposit in any bank, or trust company which, in his/her discretion, he/she deems expedient, secure and proper, any funds belonging to me which may be in my possession presently or in my home, and to withdraw any such funds from my bank accounts for use for such purpose as he/she deems necessary for the payment of my obligations, personal needs and care.
3. To pay all sums of money at any time or times that may hereafter be owing by me upon any check, draft or note made, executed, endorsed, accepted and delivered by me, or for me, and in my name or my said Attorney-In-Fact.
4. To defend, settle, adjust or compromise any actions or suite, accounts or claims which may now or hereafter be pending against me, in such manner as he/she see fit.
5. To have access to any and all safe deposit boxes which may now be in my name in any bank or depository at any location whatsoever, and I hereby authorize by Attorney-In-Fact, _____, to place therein any of my personal property or valuables or to remove any of the contents presently contained in any such depository at any time.
6. To sell, exchange, lease, encumber or otherwise dispose of, to acquire, and to deal with any property; to deposit property with any committee or depository, and to pay expenses and assessments in connection therewith.

7. To represent, and to authorize another or others to represent, me before any federal, state or municipal board, tribunal, agency or official.
8. Every 3 months, to present to me, or to anyone hereafter authorized by me, a written accounting of all funds collected and received and all expenditures of any kind made on my behalf, indicating the balance of all of my funds then on hand and on deposit in my name.
9. To perform all of the acts necessary in the execution of the above granted powers as fully as I might do if personally present.
10. This appointment and these powers shall take effect upon the signing of this document, and shall extend until such time as I or my fiduciaries give notice of termination.
11. I hereby covenant and agree with my Attorney-In-Fact and with all persons dealing with him/her on the faith of this power of attorney, and I will, and my heirs, executors and administrators shall, confirm all acts purported to be done on my behalf by my Attorney-In-Fact, in good faith and without conclusive proof of my death or incapacity or the termination of this power of attorney; and will and shall indemnify and save harmless my Attorney-In-Fact (and also persons dealing with my Attorney-In-Fact) for and from any loss, cost or liability caused by such acts or by any lack of insufficiency of authority or my Attorney-In-Fact in respect thereto.
12. To arrange for and consent to medical, therapeutical or surgical procedures for the principal, including the administration of drugs.
13. This durable family power of attorney shall not be affected by my disability except as provided by statute.
14. I hereby revoke any and all powers of attorney heretofore executed by me.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

day of

, 20 , at

Florida.

WITNESSES:

**STATE OF FLORIDA
COUNTY OF GULF**

I hereby certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared _____, known to me to be the person described herein and who executed the same, and that I relied upon the following form of identification of the above-named person:

WITNESS my hand and seal in the State and County last aforesaid this

day of

, 20 .

Notary Public