General Durable Power of Attorney:

Finances, Property, and Health Care

(Florida Statutes 709.01 *et seq.*)

STATE OF FLORIDA
COUNTY OF _____

KNOWN BY ALL MEN BY THESE PRESENTS:

That I, _____, of _____, Florida, being of sound mind and memory, do hereby make, constitute and appoint, _____ and/or _____ as my true and lawful agent(s) and attorney(s) in fact (hereinafter sometimes called "my agent"), with full power and authority to act for me, individually, and in my name, place and stead, with reference to the transaction of any and all businesses, do any and all things, exercise any discretion, and execute and deliver any and all conveyances and any other documents concerning me or my property, real or personal, or mixed, or affairs, as fully and completely as I might lawfully do if present and acting in person with full power of substitution or revocation, and to have all powers and rights that I now possess or may possess hereafter with respect to all of my property.

Without intending in any manner to limit or diminish the foregoing powers granted to my agent, but intending to expand or enlarge upon the same, I specifically authorize and empower my agent, to:

_____1. Forgive, request, demand, sue for, collect, receive, hold, purchase, invest and re-invest in, transfer, sell, convey, pledge all sums of money, dues, commercial paper, check, drafts, deposits, legacies, bequests, devises, notes, interest, stock certificates, bonds (including "Bearer Bonds"), dividends, certificates of deposit, annuities (private and public), pension, profit sharing, retirement, social security, disability, insurance and other contractual benefits and proceeds, all documents of title, all property, real or personal, intangible and tangible property and property rights, and demands whatsoever, liquidated, now or may hereafter owned by me, or due, owning, payable or belonging to me or in which I have or may hereafter acquire an interest;

_____2. Make, execute and deliver, in my name and on my behalf, for any consideration whatsoever, for cash or on a deferred payment plan, instruments of conveyance covering real, Personal or mixed properties owned or claimed by me, wherever situated, containing such terms, covenants and conditions deemed necessary or advisable by my agent;

_____3. Manage, maintain, repair, improve, invest, insure, rent, lease, encumber, and in any manner deal with any real or personal property owned by me, tangible or intangible, or any interest therein, that I own or hereafter acquire, in my name or for my benefit, enter into any lease agreement or contract for sale or repair of said property with the right to collect all rents or other funds which may be due from said property or properties, including but not limited to the execution of oil, gas and mineral leases, related to contracts, agreements and division orders and collection of rents bonuses and royalties on same, all upon such terms and conditions as my agent shall deem proper;

_____4. Receive, receipt for, deposit, withdraw and execute, and endorse checks and drafts thereon, in my name and on my behalf, from any bank or any other financial institution, or any investment or brokerage firm or credit union, funds, owned or claimed by me and which are on deposit in my name, including but not limited to negotiating certificates of deposit in my name in banks, savings and loan associations and other institutions and the execution of any papers or documents with the Federal Social Security Administration and/or any other government agency, county, state or federal; and to receive and receipt for every sum of money which is now or hereafter shall be due or belonging to me;

_____5. Have access at any time or times to any safe deposit box rented by me, where so ever located, and open, enter into and remove, in my name, located in any bank or other financial institution, all or any part of the property or contents contained therein, with further right and power, in my name and on my behalf to sell or otherwise dispose of such property, and to surrender or relinquish said safe deposit box. Ant institution in which any such box may be located shall not incur any liability to me or my estate as a result of permitting my agent to exercise this power;

_____6. Execute, in my name and on my behalf, such contracts or other assurances as may be requested or required by any bank or other institution or individual when carrying out the powers granted herein; and prepare, execute and file in my name joint or separate federal and state tax returns, declarations of estimated tax for any year or years and related forms on my behalf and make any other related elections, including the authority to disclaim any assets otherwise passing to me; and to prepare, execute and file any claims for refund or any tax; and to transfer or convey any assets on a “net gift” basis if deemed advisable by my agent;

_____7. Enter into, execute, and act as the provider for a Personal Services Contract;

_____8. Acquire, purchase, exchange, gift, buy or sell options to buy or sell convey real or personal property, tangible or intangible, or any interest therein, on such terms and conditions as my agent shall deem proper. Execute and deliver, in my name and on my behalf, conveyances of real or personal property including, but not limited to my homestead, for any consideration or gifts to my spouse, children and/or their issue without consideration, of any such real or persona property owned by me at any time, including the execution of promissory notes and deeds of trust and including instruments necessary to purchase real property in my name, as well as the execution or release of such deeds of trust or other security agreements as may be necessary or proper in the exercise of the rights and powers herein granted;

_____9. HEALTH CARE: Execute in my name and on my behalf such medical insurance forms, including but not limited to Medicare and Medicaid claim forms, and other medical, hospitalization or health insurance forms as may be requested or required on my behalf, including admittance and release forms and authorizations for treatment of any kind; and to make any and all health care decisions for me if I am unable to give informed consent with respect to any given health care decision; and shall have all of those powers and rights which are provided by Florida Law and to make any and all health care decisions for me, including but not limited to those set forth in Chapter 765, Florida Statutes.

_____10. Operate any business or corporation on my behalf in the same capacity as I would have with the same powers and authority possessed by me at this time, including but not limited to exercising stock options and voting all of my shares of stock in said corporation or corporations without the necessity of a proxy and the right to appoint proxies therefore, and possessing all powers that I possess as granted to my by the Bylaws of said corporation or corporations, to incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate or dissolve any business; elect or employ officers, directors and agents; carry out the provisions of any agreement for the sale of any business interest or the stock therein;

_____11. Commence, prosecute, discontinue or defend all actions or other legal proceedings or remedies touching my affairs or estate or any part thereof as may be deemed necessary by my agent; and to adjust, sell, compromise, settle, and agree for the same, and to execute and deliver for me on my behalf, and in my name, all the endorsements, releases, receipts, or other sufficient discharges for the same;

_____12. Borrow any sum or sums of money on such terms and with security, whether real or personal property, as my agent may deem necessary, and to execute all promissory notes, deeds of trust and other instruments which may prove necessary or proper; to borrow against margin accounts on stock and other investments and pledge assets therefore;

_____13. Engage, employ and dismiss any agents, servants, advisors, including accountants, attorneys or other persons in and about the performance of these duties as my agent shall deem necessary and grant each persons discretionary power;

_____14. Create an inter vivos trust (including an Income Trust pursuant to 42 USC §1396(d)(4)(B) in order to qualify me for Medicaid or any other public assistance benefits) and, with respect to a trust created by me or on my behalf, amend, modify, revoke or terminate any trust, to the extent the trust instrument explicitly permits such act by my Agent, transfer any or all of my property (including homestead property) that I now own or hereafter acquire into any trust, revocable or irrevocable, regardless of whether such trust was established by me and regardless of whether I am a beneficiary of such trust, provided that any such transfer which is a gift shall comply with the provisions concerning gifts above as if such transfer had been made directly to the beneficiary or beneficiaries of that trust, exercise any rights reserved or given to me as grantor of, or beneficiary under, any trust, and collect and receipt for any sums to which I am, or may be, entitled under any trust.

_____15. Receive and receipt for any distribution from any trust under which I am the beneficiary and to withdraw on my behalf any funds or assets held in any trust operating for my benefit, by assignment, conveyance or otherwise;

_____16. Hold, purchase or invest in my name in "wasting assets" such as life estates or life interests in property and "unproductive assets" such as reminder interests in property if deemed advisable by my agent;

_____17. This instrument is to be constructed and interpreted as a general power of attorney, with, but not limited to the full power in my agents to make gifts on my behalf to my spouse, children, and/or their issue. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my agent. This instrument is executed and delivered in the state of Florida, and the laws of the State of Florida shall govern all questions as to validity of this power and the construction of its provisions;

_____18. Third parties may rely upon the representations of the agents as to all matters relating to any power granted to them hereunder, and no person who may act in reliance upon the representations of the agent or the authority granted to it shall incur any liability to the principal or his estate as result of permitting the agent to exercise any power;

_____19. Notwithstanding the provisions of F.S. 709.2201, I specifically grant to my attorney in fact the authority to perform duties under a contract that requires the exercise of personal services to me as the principal and for the attorney in fact to be monetarily compensated for such duties.

Notwithstanding the foregoing, the attorney in fact may not:

Make any affidavit as to the personal knowledge of the principal;

Vote in any public election on behalf of the principal;

Execute or revoke any will or codicil for the principal;

Create, amend, modify, or revoke any document or other disposition effective at the principal's death or transfer assets to an existing trust created by the principal unless expressly authorized by the power of the attorney; or

Exercise powers and authority granted to the principal as trustee or as court-appointed fiduciary.

I direct that the above-related powers and authority of my said agent shall be exercisable and effective regardless of the fact that I may be mentally or physically incapacitated or incapable of understanding or unable to express myself or act on my own behalf at the time of any action on my behalf by said agent. Such incapacity, whether mental or physical, that I may exhibit shall not in any way interfere with the authority of my agent herein to act fully on my behalf according to the terms hereof. In other words, this Power of Attorney shall not be affected by subsequent disability, incompetence or incapacity of the principal.

And I do hereby undertake to ratify and confirm, all and singular, the acts heretofore performed and to be hereinafter performed by my said agents, acting in my name and on my behalf.

INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH

_____A. General Grant of Power and Authority. Subject to any limitations in this Directive, my agent has the power and authority to do all of the following: (1) Request, review and receive any information, verbal or written, regarding my physical or mental health including, but not limited to, medical and hospital records; (2) Execute on my behalf any releases or other documents that may be required in order to obtain this information; (3) Consent to disclosure of this information; and (4) Consent to the donation of any of my organs for medical purposes.

_____B. HIPAA Release Authority. My agent shall be treated, as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164. I authorize any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company, and the Medical Information Bureau Inc. or other health-care clearing house that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any prior agreement that I have made with my health-care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health-care provider.

IN WITNESS WHEREFORE, I have executed this General Durable Power of Attorney consisting of _____ pages this the _____ day of _____, 20_____. I hereby revoke Powers of Attorney previously granted by me to any agent. This General Durable Power of Attorney executed on this date is to be the only existing Durable Power of Attorney for me.

Signed: _____

ATTESTATION

The hereinafter named Witnesses, each declare under penalty of perjury under the laws of the State of Florida that the principal is personally known to us, that the principal signed and acknowledged this power of attorney in our presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that we are not the person appointed as attorney in fact by this document, and that we are not related to the principal by blood, marriage or adoption, and to the best of our knowledge, are not entitled to any part of the estate of the principal upon death of the principal under a will now existing or by operation of law.

Witness our signatures, this the _____ day of _____, 20_____.

WITNESSES:

_____ Of

_____

_____ Of

_____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged by me this _____ day of _____, 20_____ by _____ who is/are personally known by me or who has/have produced: _____ as identification and who did not take an oath.

SEAL

My Commission Expires:

_____

_____ Notary Public
State of Florida