

DURABLE POWER OF ATTORNEY

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**NORTH CAROLINA
STATUTORY FORM POWER OF ATTORNEY**

Prepared By and Return To:

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NOTICE

THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DEFINED IN CHAPTER 32C 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.

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the North Carolina Uniform Power of Attorney Act.

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Additional Provisions and Exclusions.

This form provides for designation of one agent, successor agent, and second successor agent. If you wish to name more than one agent, successor agent, and second successor agent, you may name a co-agent, successor co-agent, or second successor co-agent in the Additional Provisions and Exclusions. Co-agents, successor co-agents, or second successor co-agents are not required to act together unless you include that requirement in the Additional Provisions and Exclusions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Additional Provisions and Exclusions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, **Tyler Austin Cahoon**, name the following person as my Agent:

Name of Agent: **Shelby Eloise Cahoon**

Agent's Address: 171 Dunloe Loop, Raleigh, North Carolina 27603

Agent's Telephone Number: (479) 409-2024

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my Agent is unable or unwilling to act for me, I name as my successor Agent:

Name of Successor Agent: **Ross Patrick Cahoon**

Successor Agent's Address: 159th Avenue NE, Woodinville, Washington 98072

Successor Agent's Telephone Number: (252) 671-4861

INITIAL below if you want to give an Agent the power to name a successor Agent:

☒ I give to my acting Agent the full power to appoint another to act as my Agent, and full power to revoke such appointment, if no Agent named by me above is willing or able to act.

GRANT OF GENERAL AUTHORITY

I grant my Agent and any successor Agent general authority to act for me with respect to the following subjects as defined in the North Carolina Uniform Power of Attorney Act, Chapter 32C of the General Statutes:

(INITIAL each subject you want to include in the Agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

☐ Real Property

☐ Tangible Personal Property

☐ Stocks and Bonds

- ☐ Commodities and Options
- ☐ Banks and Other Financial Institutions
- ☐ Operation of Entity or Business
- ☐ Insurance and Annuities
- ☐ Estates, Trusts, and Other Beneficial Interests
- ☐ Claims and Litigation
- ☐ Personal and Family Maintenance
- ☐ Benefits from Governmental Programs or Civil or Military Service
- ☐ Retirement Plans
- ☐ Taxes
- ☒ All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My Agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your Agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your Agent.)

- ☐ Make a gift, subject to the limitations provided in G.S. 32C-2-217
- ☐ Create or change rights of survivorship
- ☐ Create or change a beneficiary designation
- ☐ Authorize another person to exercise the authority granted under this power of attorney
- ☐ Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- ☐ Exercise fiduciary powers that I have authority to delegate
- ☐ Disclaim or refuse an interest in property, including a power of appointment

☒ Access the content of electronic communications.

EXERCISE OF SPECIFIC AUTHORITY (OPTIONAL)

☐ UNLESS INITIALED, an Agent shall exercise any of the grants of specific authority initialed above in favor of the Agent or an individual to who is dependent upon the Agent, equally.

ADDITIONAL PROVISIONS AND EXCLUSIONS (OPTIONAL)

You may give special instructions on the following lines:

This power of attorney shall be effective on my incapacity, as evidenced by a written statement of my attending physician and one other physician who has personally examined me, certifying that I am unable to manage property or business affairs.

EFFECTIVE DATE

This power of attorney is effective upon incapacity as I have stated in the Additional Provisions and Exclusions.

NOMINATION OF GUARDIAN (OPTIONAL)

INITIAL below ONLY if you WANT your acting Agent to be your Guardian.

☒ If it becomes necessary for a court to appoint a guardian of my estate or a general guardian, I nominate my Agent acting under this power of attorney to be the guardian to serve without bond or other security.

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my Agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

MEANING AND EFFECT

The meaning and effect of this power of attorney shall for all purposes be determined by the law of the State of North Carolina.

SIGNATURE AND ACKNOWLEDGMENT

Your Signature: 

Date: December 19, 2023

Your Name Printed: **Tyler Austin Cahoon**

Your Address: 171 Dunloe Loop, Raleigh, North Carolina 27603

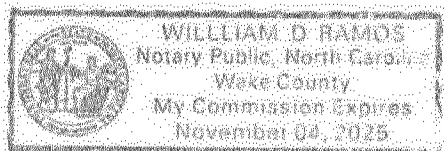
Your Telephone Number: (252) 671-2250


STATE OF NORTH CAROLINA)

WAKE COUNTY)

I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document: **Tyler Austin Cahoon.**

Date: December 19, 2023




William D. Ramos, Notary Public
My commission expires: 11/04/2025

This document prepared by: William D. Ramos, Esq.