

Document Order

9/1/16

HR Learning Materials Series

Storage Jobs

Rachel Living Will

Ryan

Rachel Legal Will

Ryan

Rachel Power of Attorney

Ryan



Congratulations!

Your living will is ready.

Now, let's make it legally valid:

1 Review

- Read your document carefully. Do not proceed unless you understand and agree with everything in the document.
- Print the final version of your document.

2 Sign

- Find two qualified witnesses. Friends, work colleagues and neighbors are typically good candidates. Read the "Witnesses" section to understand who qualifies as a witness.
- It is critical that you and your witnesses are together at the same time before proceeding.
- Where a line is preceded by an X, initial that statement.
- Sign and date the "Signatures" section while your witnesses watch.
- Ask each witness to complete the "Witnesses" section of the document while you and the other witness watch.
- Notarizing the document is not necessary.

3 Store

- Keep your living will in a safe place that can be accessed by your health care agent in an emergency.
- Tell your health care agent where you have stored the document so they know where to find it.

DISCLAIMER: Willing is an online service that provides legal forms and legal information. We are not a law firm, cannot provide legal advice or tell you if a form is right for you given your unique circumstance. No general legal form is a substitute for personalized legal advice from a knowledgeable attorney licensed to practice law in your state.

**ADVANCE DIRECTIVE FOR HEALTH CARE
(Living Will and Health Care Proxy)**

MEDICAL POWER OF ATTORNEY DESIGNATION DISCLAIMER

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

ADVANCE DIRECTIVE FOR HEALTH CARE
(Living Will and Health Care Proxy)

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- (1) YOU SIGN IT AND HAVE YOUR SIGNATURE ACKNOWLEDGED BEFORE A NOTARY PUBLIC;
OR
- (2) YOU SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES.

THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:

- (1) the person you have designated as your agent;
- (2) a person related to you by blood or marriage;
- (3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- (4) your attending physician;
- (5) an employee of your attending physician;
- (6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
- (7) a person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

**ADVANCE DIRECTIVE FOR HEALTH CARE
(Living Will and Health Care Proxy)**

DESIGNATION

I, Rachel Alanna Roark, appoint:

Ryan Louis Roark

6255 Sudbury Dr.
Address

Address

Dallas TX 75214
City, State, Zip

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following persons to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

Karen Rutledge

2070 Glencoe Dr.
Address

Address

Rockwall TX 75087
City, State, Zip

ADVANCE DIRECTIVE FOR HEALTH CARE
(Living Will and Health Care Proxy)

AGENT'S POWERS

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

RL I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible;

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

RL I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible;

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

After signing this document, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

DURATION

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

PRIOR DESIGNATIONS REVOKED

I revoke any prior medical power of attorney.

ADVANCE DIRECTIVE FOR HEALTH CARE
(Living Will and Health Care Proxy)

SIGNATURES

I, Rachel Alanna Roark, declare that I sign and execute this document as my medical power of attorney designation and further declare that I sign it willingly, that I execute it as my free and voluntary act. I declare that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence. Further, I attest that I have been provided with a disclosure statement explaining the effect of this designation. I have read and understand that information contained in the disclosure statement.

Rachel Alanna Roark

Signature

9/1/16

Date

6255 Sudbury Dr.

Address

Address

Dallas TX 75214

City, State, Zip

WITNESSES

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

First Witness

Quincy Lazzaro

Signature

9/1/2016

Date

Daniel Lozano

Printed name

2020 Columbus St

Address

#4103

Address

Dallas, TX 75204

City, State, Zip

Second Witness

Michael William Horsley

Signature

9/1/16

Date

Michael William Horsley

Printed name

5330 Bent Tree Forest Dr

Address

Apt 433

Address

Dallas, TX 75248

City, State, Zip



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- (3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- (4) your attending physician;
- (5) an employee of your attending physician;
- (6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
- (7) a person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

**ADVANCE DIRECTIVE FOR HEALTH CARE
(Living Will and Health Care Proxy)**

DESIGNATION

I, Ryan Louis Roark, appoint:

Rachel Alanna Roark

6255 Subby Dr

Address

Address

Dallas TX 75214

City, State, Zip

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following persons to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

Sherry Roark

2814 S Gary Ave

Address

Address

Tulsa OK 74114

City, State, Zip

ADVANCE DIRECTIVE FOR HEALTH CARE
(Living Will and Health Care Proxy)

AGENT'S POWERS

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Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

After signing this document, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

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PRIOR DESIGNATIONS REVOKED

I revoke any prior medical power of attorney.

ADVANCE DIRECTIVE FOR HEALTH CARE
(Living Will and Health Care Proxy)

SIGNATURES

I, Ryan Louis Roark, declare that I sign and execute this document as my medical power of attorney designation and further declare that I sign it willingly, that I execute it as my free and voluntary act. I declare that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence. Further, I attest that I have been provided with a disclosure statement explaining the effect of this designation. I have read and understand that information contained in the disclosure statement.

Ryan Louis Roark
Signature
9/1/16
Date

6255 Sudbury Dr
Address
Dallas, TX 75214
City, State, Zip

WITNESSES

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

First Witness

Jamie Lynn
Signature
9/1/2016
Date

Daniel Lozano
Printed name

2020 Columbus St.
Address

#4103
Address

Dallas, TX 75204
City, State, Zip

Second Witness

Michael William Horsky
Signature

9/1/16
Date

Michael William Horsky
Printed name

5330 Best Tree Forest Dr
Address

Apt 433
Address

Dallas, TX 75248
City, State, Zip



Congratulations! Your legal will is ready.

Now, let's make it legally valid:

Review

1

- Read your will carefully.
- Do not proceed unless you understand and agree with everything in the document.
- Print the final version of your will.

Sign

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- Find two witnesses. Any competent adult not receiving property in your will can be a witness. It is critical that you and your witnesses are together at the same time before proceeding.
- Sign and date the "Signatures" section while your witnesses watch.
- Ask each witness to complete the "Witnesses" section of the document while you and the other witness watch.
- Notarizing your will is not required, but it is a good idea. Contact your local UPS Store to schedule an appointment with a notary.

Store

3

- Keep your will in a safe place that can be accessed by your personal representative(s) or executor(s) in an emergency.
- Tell your personal representative(s) or executor(s) where you have stored the will so they know where to find it.
- Destroy any old wills to avoid confusion.

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LAST WILL AND TESTAMENT OF RACHEL ALANNA ROARK

Section 1: Personal Information

I, Rachel Alanna Roark, am a resident of the State of Texas.

I am of sound mind and declare that this is my will. I revoke all wills and codicils I have previously made.

Section 2: Marital Status

I am married to Ryan Louis Roark, who is referred to as my spouse in this document.

Section 3: Children

I have the following children now living: Rhett Maxwell Roark.

Any reference to my children includes those listed above as well as any other children of mine born or adopted after the execution of this will.

If I do not leave property in this will to any children of mine born or adopted prior to the execution of this will, it is intentional and such children are to receive no benefit under this will.

Section 4: Personal and Property Guardians

If a guardian is needed to care for my children or their property, I name Karen Rutledge to serve as guardian.

If Karen Rutledge is for any reason unable or unwilling to serve, I name Sherry Roark to serve instead.

Guardians shall serve as custodians for my children's property under the Uniform Transfer to Minor's Act until they reach age 21.

If there are two guardians serving jointly, they shall act through unanimous agreement. If there are more than two guardians serving jointly, they shall act by majority decision.

No guardian shall be required to post bond.

Section 5: Distribution of Property

I leave my entire estate to my spouse.

If my spouse is not alive, I leave my entire estate to my children.

Distribution Provisions

My entire estate is all property I own at my death that is subject to this will.

The rest of my estate is all property I own at my death that is subject to this will and I have not left as a specific gift to one or more beneficiaries.

Any property left to two or more beneficiaries is left in equal shares unless otherwise stated in this will.

LAST WILL AND TESTAMENT OF RACHEL ALANNA ROARK

A beneficiary must survive me for at least 30 days to receive property under this will. As used in this will, the phrase 'survive me' means to be alive or in existence as an organization on the 30th day after my death.

If a beneficiary does not survive me, I leave his or her share to his or her descendants unless otherwise stated in this will.

Section 6: Final Arrangements

I have not chosen a form of disposition for my bodily remains.

I would like a funeral service held in my honor.

Any outstanding costs associated with my final arrangements shall be paid out of my estate by my executor.

Section 7: Executors

I name Ryan Louis Roark to serve as my executor.

If, for any reason, Ryan Louis Roark is unable or unwilling to serve, I name Karen Rutledge to serve instead.

If there are two executors serving jointly, they shall act through unanimous agreement. If there are more than two executors serving jointly, they shall act by majority decision.

No bond or other security shall be required of the executor. The executor shall act independently of any court and I direct that no action shall be had in the county court or other probate court in relation to the settlement of my estate other than (i) the probating and recording of this will and (ii) the return of an inventory, appraisement, and list of claims of my estate or, if allowed under applicable law, an affidavit in lieu of an inventory, appraisement, and list of claims, as determined by the executor.

Executor Provisions

As used in this will, the term 'executor' means any personal representative, executrix, or administrator if those terms are used in the statutes of any state that has jurisdiction over any portion of my estate.

I direct my executor to take all actions legally permissible to have the probate of my will done as simply and as free of court supervision as possible under the laws of the state having jurisdiction over this will, including filing a petition in the appropriate court for the independent administration of my estate.

I grant my executor the following powers, to be exercised in the best interests of my estate:

1. To retain real estate and personal property without liability for loss or depreciation.
2. To dispose of real estate and personal property by public or private sale, or exchange, or otherwise (whether or not necessary for payment of debts, expenses, or taxes), and receive and administer the proceeds as a part of my estate.

LAST WILL AND TESTAMENT OF RACHEL ALANNA ROARK

3. To vote stock; to exercise any option or privilege to convert bonds, notes, stocks or other securities belonging to my estate into other bonds, notes, stocks or other securities; and to exercise all other rights and privileges of a person owning similar property.
4. To lease any real estate or personal property in my estate.
5. To abandon, adjust, arbitrate, compromise, sue on or defend and otherwise deal with and settle claims in favor of or against my estate.
6. To continue or participate in any business which is a part of my estate, and to incorporate, dissolve or otherwise change the form of organization of the business.
7. To serve as custodian for any real estate or personal property left to minors who are not my children under the Uniform Transfer to Minor's Act until they reach age 21.

These powers, authority and discretion are intended to be in addition to the powers, authority and discretion granted by virtue of serving as an executor under state law, and may be exercised as often as necessary or advisable, without application to or approval by any court.

Section 8: Debts

Except for liens and encumbrances placed on property as security for the repayment of a loan or debt, I direct my executor to pay all debts and expenses owed by my estate in accordance with applicable state law.

Section 9: Taxes

I direct my executor to pay all inheritance, estate or transfer taxes assessed against property in my estate or against my beneficiaries in accordance with applicable state law.

Section 10: Severability

If a court invalidates any provision of this will, that shall not affect the rest of this will. Any remaining provisions that can be given effect without the invalidated provision will remain in place.

LAST WILL AND TESTAMENT OF RACHEL ALANNA ROARK

Section 11: Signatures

Rachel Alanna Roark

I, Rachel Alanna Roark, declare that I sign and execute this document as my last will and testament and further declare that I sign it willingly, that I execute it as my free and voluntary act. I declare that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Rachel Alanna Roark

Signature

9/1/16

Date

Witnesses

We, the witnesses, sign our names to this document, in the presence of each other and Rachel Alanna Roark. As witnesses, we declare under penalty of perjury that Rachel Alanna Roark willingly signed and executed this document as his or her last will and testament in the presence of each of us. To the best of our knowledge, Rachel Alanna Roark is eighteen years of age or older, is of sound mind and is under no constraint or undue influence.

First Witness

Daniel Lozano

Signature

9/1/2016

Date

Daniel Lozano

Printed name

2020 Columbus St.

Address

#4103

Address

Dallas, TX 75204

City, State, Zip

Second Witness

Michael William Horsley

Signature

9/1/16

Date

Michael William Horsley

Printed name

5330 Bent Tree Forest Dr

Address

Apt 433

Address

Dallas, TX 75248

City, State, Zip

THIS PAGE IS ONLY NECESSARY IF YOU CHOOSE TO NOTARIZE YOUR WILL

SELF PROVING AFFIDAVIT
STATE OF TEXAS

Section 1: Rachel Alanna Roark

I, Rachel Alanna Roark, declare that I sign and execute this document as my last will and testament and further declare that I sign it willingly, that I execute it as my free and voluntary act. I declare that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Rachel Alanna Roark

Signature

9/1/16

Date

Section 2: Witnesses

We, the witnesses, sign our names to this document, in the presence of each other and Rachel Alanna Roark. As witnesses, we declare under penalty of perjury that Rachel Alanna Roark willingly signed and executed this document as his or her last will and testament in the presence of each of us. To the best of our knowledge, Rachel Alanna Roark is eighteen years of age or older, is of sound mind and is under no constraint or undue influence.

First Witness

Juan Lopez

Signature

Daniel Lozano

Printed name

Second Witness

Michael William Horsley

Signature

Michael William Horsley

Printed name

Section 3: Notary

Acknowledged and subscribed before me by the people named above.

The testator, Rachel Alanna Roark, is personally known to me or has produced

TX DL as identification.

The witness named, Daniel Lozano, is personally known to me or has produced

TX DL as identification.

The witness named, Michael William Horsley, is personally known to me or has produced

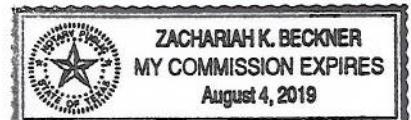
TX DL as identification.

Zachariah K Beckner

Signature of notary

Zachariah K Beckner

Printed name of notary



Notary seal



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Section 4: Personal and Property Guardians

If a guardian is needed to care for my children or their property, I name Karen Rutledge to serve as guardian.

If Karen Rutledge is for any reason unable or unwilling to serve, I name Sherry Roark to serve instead.

Guardians shall serve as custodians for my children's property under the Uniform Transfer to Minor's Act until they reach age 21.

If there are two guardians serving jointly, they shall act through unanimous agreement. If there are more than two guardians serving jointly, they shall act by majority decision.

No guardian shall be required to post bond.

Section 5: Distribution of Property

I leave my entire estate to my spouse.

If my spouse is not alive, I leave my entire estate to my children.

Distribution Provisions

My entire estate is all property I own at my death that is subject to this will.

The rest of my estate is all property I own at my death that is subject to this will and I have not left as a specific gift to one or more beneficiaries.

Any property left to two or more beneficiaries is left in equal shares unless otherwise stated in this will.

LAST WILL AND TESTAMENT OF RYAN LOUIS ROARK

A beneficiary must survive me for at least 30 days to receive property under this will. As used in this will, the phrase 'survive me' means to be alive or in existence as an organization on the 30th day after my death.

If a beneficiary does not survive me, I leave his or her share to his or her descendants unless otherwise stated in this will.

Section 6: Final Arrangements

I have not chosen a form of disposition for my bodily remains.

I would like a funeral service held in my honor.

Any outstanding costs associated with my final arrangements shall be paid out of my estate by my executor.

Section 7: Executors

I name Rachel Alanna Roark to serve as my executor.

If, for any reason, Rachel Alanna Roark is unable or unwilling to serve, I name Sherry Roark to serve instead.

If there are two executors serving jointly, they shall act through unanimous agreement. If there are more than two executors serving jointly, they shall act by majority decision.

No bond or other security shall be required of the executor. The executor shall act independently of any court and I direct that no action shall be had in the county court or other probate court in relation to the settlement of my estate other than (i) the probating and recording of this will and (ii) the return of an inventory, appraisement, and list of claims of my estate or, if allowed under applicable law, an affidavit in lieu of an inventory, appraisement, and list of claims, as determined by the executor.

Executor Provisions

As used in this will, the term 'executor' means any personal representative, executrix, or administrator if those terms are used in the statutes of any state that has jurisdiction over any portion of my estate.

I direct my executor to take all actions legally permissible to have the probate of my will done as simply and as free of court supervision as possible under the laws of the state having jurisdiction over this will, including filing a petition in the appropriate court for the independent administration of my estate.

I grant my executor the following powers, to be exercised in the best interests of my estate:

1. To retain real estate and personal property without liability for loss or depreciation.
2. To dispose of real estate and personal property by public or private sale, or exchange, or otherwise (whether or not necessary for payment of debts, expenses, or taxes), and receive and administer the proceeds as a part of my estate.

LAST WILL AND TESTAMENT OF RYAN LOUIS ROARK

3. To vote stock; to exercise any option or privilege to convert bonds, notes, stocks or other securities belonging to my estate into other bonds, notes, stocks or other securities; and to exercise all other rights and privileges of a person owning similar property.
4. To lease any real estate or personal property in my estate.
5. To abandon, adjust, arbitrate, compromise, sue on or defend and otherwise deal with and settle claims in favor of or against my estate.
6. To continue or participate in any business which is a part of my estate, and to incorporate, dissolve or otherwise change the form of organization of the business.
7. To serve as custodian for any real estate or personal property left to minors who are not my children under the Uniform Transfer to Minor's Act until they reach age 21.

These powers, authority and discretion are intended to be in addition to the powers, authority and discretion granted by virtue of serving as an executor under state law, and may be exercised as often as necessary or advisable, without application to or approval by any court.

Section 8: Debts

Except for liens and encumbrances placed on property as security for the repayment of a loan or debt, I direct my executor to pay all debts and expenses owed by my estate in accordance with applicable state law.

Section 9: Taxes

I direct my executor to pay all inheritance, estate or transfer taxes assessed against property in my estate or against my beneficiaries in accordance with applicable state law.

Section 10: Severability

If a court invalidates any provision of this will, that shall not affect the rest of this will. Any remaining provisions that can be given effect without the invalidated provision will remain in place.

LAST WILL AND TESTAMENT OF RYAN LOUIS ROARK

Section 11: Signatures

Ryan Louis Roark

I, Ryan Louis Roark, declare that I sign and execute this document as my last will and testament and further declare that I sign it willingly, that I execute it as my free and voluntary act. I declare that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Ryan Louis Roark

Signature

9/1/16

Date

Witnesses

We, the witnesses, sign our names to this document, in the presence of each other and Ryan Louis Roark. As witnesses, we declare under penalty of perjury that Ryan Louis Roark willingly signed and executed this document as his or her last will and testament in the presence of each of us. To the best of our knowledge, Ryan Louis Roark is eighteen years of age or older, is of sound mind and is under no constraint or undue influence.

First Witness

Daniel Lozano

Signature

9/1/2016

Date

Daniel Lozano

Printed name

2020 Columbus St.

Address

#4103

Address

Dallas, TX 75204

City, State, Zip

Second Witness

Michael William Horsley

Signature

9/1/16

Date

Michael William Horsley

Printed name

5330 Bent Tree Forest Dr

Address

Apt 433

Address

Dallas, TX 75248

City, State, Zip

THIS PAGE IS ONLY NECESSARY IF YOU CHOOSE TO NOTARIZE YOUR WILL

SELF PROVING AFFIDAVIT
STATE OF TEXAS

Section 1: Ryan Louis Roark

I, Ryan Louis Roark, declare that I sign and execute this document as my last will and testament and further declare that I sign it willingly, that I execute it as my free and voluntary act. I declare that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Ryan Louis Roark
Signature

9/1/16
Date

Section 2: Witnesses

We, the witnesses, sign our names to this document, in the presence of each other and Ryan Louis Roark. As witnesses, we declare under penalty of perjury that Ryan Louis Roark willingly signed and executed this document as his or her last will and testament in the presence of each of us. To the best of our knowledge, Ryan Louis Roark is eighteen years of age or older, is of sound mind and is under no constraint or undue influence.

First Witness

Daniel Lozano
Signature
Daniel Lozano
Printed name

Second Witness

Michael William Horsley
Signature
Michael William Horsley
Printed name

Section 3: Notary

Acknowledged and subscribed before me by the people named above.

The testator, Ryan Louis Roark, is personally known to me or has produced

TX DL as identification.

The witness named, Daniel Lozano, is personally known to me or has produced

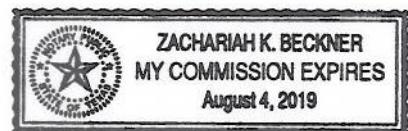
TX DL as identification.

The witness named, Michael William Horsley, is personally known to me or has produced

TX DL as identification.

Zachariah K Beckner
Signature of notary

Zachariah K Beckner
Printed name of notary



Notary seal



Congratulations!

Your power of attorney is ready.

Now, let's make it legally valid:

Review

1

- Read your power of attorney carefully.
- Do not proceed unless you understand and agree with everything in the document.
- Print the final version of your power of attorney.

Sign

2

- Find a notary and two witnesses. Work colleagues and neighbors are typically good candidates. Your witnesses cannot be: under 18 years old; the person to whom you are granting power of attorney (i.e., your attorney-in-fact); your spouse; related to you by blood, marriage or adoption; receiving property in your last will and testament.
- Follow the notary's instructions to properly sign, witness and notarize the document. Don't forget to initial each activity you are granting in the Powers of Agent section.

Store

3

- Keep your power of attorney in a safe place that can be accessed by the person to whom you are granting power of attorney (i.e., your attorney-in-fact) when necessary.
- Tell your attorney-in-fact where you have stored the document so they know where to find it.

DISCLAIMER: Willing is an online service that provides legal forms and legal information. We are not a law firm, cannot provide legal advice or tell you if a form is right for you given your unique circumstance. No general legal form is a substitute for personalized legal advice from a knowledgeable attorney licensed to practice law in your state.

DURABLE POWER OF ATTORNEY FOR FINANCES

Section 1: Declaration

I, Rachel Alanna Roark, am a resident of the State of Texas.

I am of sound mind and declare this as my durable power of attorney for finances.

This durable power of attorney for finances is effective immediately, is not terminated if I become incapacitated and will continue in full force while I am still alive unless explicitly revoked or terminated by me in writing.

This durable power of attorney for finances shall terminate immediately upon my death.

Section 2: Agent Assignment

I name Ryan Louis Roark to serve as my attorney in fact, to act for me as if I was personally present in any lawful way with respect to the powers granted below.

If Ryan Louis Roark is unable or unwilling to serve, I name Karen Rutledge to serve instead.

If there are two agents serving jointly, they should act through unanimous agreement. If there are more than two agents serving jointly, they should act by majority decision.

No agent should receive compensation, but will be reimbursed for all reasonable expenses for services on my behalf.

No agent should incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence.

Section 3: Powers of Agent

I grant my agent the full power and authority to manage and conduct all of my affairs, and to exercise my legal rights and powers, including those rights and powers that I may acquire in the future, including the following:

YOUR ATTORNEY IN FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED

X RH Real Estate and Personal Property Transactions

1. To collect, hold, maintain, improve, invest, lease, or otherwise manage any or all of my real estate or personal property or any interest therein.
2. To buy, sell, mortgage, grant options, or otherwise deal in any way in any real estate or personal property, tangible or intangible, or any interest therein, upon such terms as the agent considers proper.
3. To transfer any interest I may have in property, whether real estate or personal, tangible or intangible, to the trustee of any trust that I have created for my benefit.

X RH Banking and Financial Transactions

DURABLE POWER OF ATTORNEY FOR FINANCES

1. To borrow money, to execute promissory notes therefor for borrowed money, and to secure any obligation by mortgage or pledge.
2. To receive and endorse checks and other negotiable paper, deposit and withdraw funds from any bank, savings and loan, or other institution.
3. To have access to any safety deposit box registered in my name alone or jointly with others, and to remove any property or papers located therein.
4. To act as my agent or proxy for any stocks, bonds, shares, or other investments, rights, or interests I may now or hereafter hold.

X PL Insurance and Annuity Transactions

1. To procure new, different or additional contracts of life, accident, health, disability or liability insurance or annuity; To continue, modify, rescind or terminate any such contract; and designate the beneficiary of any such contract.

X PL Personal and Family Expenses

1. To do all acts necessary to maintain my customary standard of living, and that of any persons customarily supported by or legally entitled to be supported by me.
2. To pay for medical, dental and surgical care; To have access to my health care records in order to dispute charges and pay medical bills.

X PL Legal Actions

1. To engage in any administrative or legal proceedings or lawsuits in connection with any matter herein.
2. To engage and dismiss agents, counsel, and employees, in connection with any matter, upon such terms as my agent determines.

X PL Business Operations

1. To conduct and participate in any kind of lawful business of any nature or kind, including the right to sign partnership agreements, continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business and to vote stock, including the exercise of any stock options and the carrying out of any buy sell agreement.

X PL Estates and Trusts Transactions

1. To act for me in all matters that affect a trust, probate estate, guardianship, conservatorship, escrow, custodianship or other fund from which I am, may become or claim to be entitled, as a beneficiary, to a share or payment. My agent's authority includes the power to disclaim, release or renounce any assets which I am, may become or claim to be entitled, as a beneficiary, to a share or payment.
2. To transfer any of my property to a living trust I have created.

X PL Government Benefit Transactions

DURABLE POWER OF ATTORNEY FOR FINANCES

1. To act for me in all matters that affect my right to government benefits, including Social Security, Medicare, Medicaid, or other governmental programs, or civil or military service.

X RR Retirement Plan Transactions

1. To act for me in all matters that affect my retirement plans, including select payment options under any retirement plan in which I participate, make contributions to those plans, exercise investment options, receive payment from a plan, rollover plan benefits into other retirement plans, designate beneficiaries under those plans and change existing beneficiary designations.

X RR Taxes

1. To prepare, sign, and file separate or joint income, and other tax returns and other governmental reports and documents; to file any claim for tax refund; and to represent me in all matters before the Internal Revenue Service.

My agent may personally benefit or profit from transactions taken in good faith and in my best interest.

My agent may not commingle any of my property with his or her property, unless such property was commingled prior to my agent taking action under this document.

Section 4: Indemnification of Third Parties

Any third party receiving a duly executed copy of this document may rely on and act upon it. Revocation of this document is not effective to a third party until the third party has knowledge of the revocation. I agree to hold any third party harmless from any and all claims because of good faith reliance on this document.

Photocopies of this signed document should be treated as original counterparts.

Section 5: Severability

If any provision of this document is ruled unenforceable, that should not affect the rest of this document.

DURABLE POWER OF ATTORNEY FOR FINANCES

Section 6: Signatures

Rachel Alanna Roark

I understand the importance of the powers I delegate to my agent in this document. I recognize that the document gives my agent broad powers over my assets, and that these powers will become effective as soon as I sign this document and continue indefinitely unless I revoke this document in writing. I further declare that I sign this document willingly, that I execute it as my free and voluntary act, that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Rachel Alanna Roark

Signature

9/1/16

Date

6255 Sudbury Dr.

Address

Dallas TX 75214

City, State, Zip

Witnesses

We, the witnesses, sign our names to this document, in the presence of each other and Rachel Alanna Roark. As witnesses, we declare under penalty of perjury that we have not been appointed by Rachel Alanna Roark to serve as his or her attorney in fact, are not related to him or her by blood, marriage or adoption, and are not entitled to any portion of his or her estate under his or her last will and testament. We also declare that Rachel Alanna Roark willingly signed and executed this document as his or her durable power of attorney for finances in the presence of each of us. To the best of our knowledge, Rachel Alanna Roark is eighteen years of age or older, is of sound mind and is under no constraint or undue influence.

First Witness

Michael Lynn

Signature

9/1/2016

Date

Daniel Lozano

Printed name

2020 Columbus St.

Address

#4103

Address

Dallas, TX 75204

City, State, Zip

Second Witness

Michael William Horsley

Signature

9/1/2016

Date

Michael William Horsley

Printed name

5330 Bent Tree Forest Dr

Address

Apt 433

Address

Dallas, TX 75248

City, State, Zip

DURABLE POWER OF ATTORNEY FOR FINANCES

Section 7: Acknowledgment of Notary Public

State of Texas

County: Dallas

This durable power of attorney was acknowledged and subscribed before me by Rachel Alanna Roark, who is personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Zachariah K Beckner

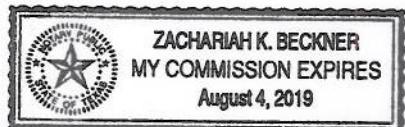
Signature of notary

Zachariah K Beckner

Printed name

9/1/16

Date



Notary seal



Ryan

Congratulations! Your power of attorney is ready.

Now, let's make it legally valid:

Review

1

- Read your power of attorney carefully.
- Do not proceed unless you understand and agree with everything in the document.
- Print the final version of your power of attorney.

Sign

2

- Find a notary and two witnesses. Work colleagues and neighbors are typically good candidates. Your witnesses cannot be: under 18 years old; the person to whom you are granting power of attorney (i.e., your attorney-in-fact); your spouse; related to you by blood, marriage or adoption; receiving property in your last will and testament.
- Follow the notary's instructions to properly sign, witness and notarize the document. Don't forget to initial each activity you are granting in the Powers of Agent section.

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DURABLE POWER OF ATTORNEY FOR FINANCES

Section 1: Declaration

I, Ryan Louis Roark, am a resident of the State of Texas.

I am of sound mind and declare this as my durable power of attorney for finances.

This durable power of attorney for finances is effective immediately, is not terminated if I become incapacitated and will continue in full force while I am still alive unless explicitly revoked or terminated by me in writing.

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Section 2: Agent Assignment

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If Rachel Alanna Roark is unable or unwilling to serve, I name Sherry Roark to serve instead.

If there are two agents serving jointly, they should act through unanimous agreement. If there are more than two agents serving jointly, they should act by majority decision.

No agent should receive compensation, but will be reimbursed for all reasonable expenses for services on my behalf.

No agent should incur any liability to me for acting or refraining from acting under this power, except for such agent's own misconduct or negligence.

Section 3: Powers of Agent

I grant my agent the full power and authority to manage and conduct all of my affairs, and to exercise my legal rights and powers, including those rights and powers that I may acquire in the future, including the following:

YOUR ATTORNEY IN FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED

R Real Estate and Personal Property Transactions

1. To collect, hold, maintain, improve, invest, lease, or otherwise manage any or all of my real estate or personal property or any interest therein.
2. To buy, sell, mortgage, grant options, or otherwise deal in any way in any real estate or personal property, tangible or intangible, or any interest therein, upon such terms as the agent considers proper.
3. To transfer any interest I may have in property, whether real estate or personal, tangible or intangible, to the trustee of any trust that I have created for my benefit.

R Banking and Financial Transactions

DURABLE POWER OF ATTORNEY FOR FINANCES

1. To borrow money, to execute promissory notes therefor for borrowed money, and to secure any obligation by mortgage or pledge.
2. To receive and endorse checks and other negotiable paper, deposit and withdraw funds from any bank, savings and loan, or other institution.
3. To have access to any safety deposit box registered in my name alone or jointly with others, and to remove any property or papers located therein.
4. To act as my agent or proxy for any stocks, bonds, shares, or other investments, rights, or interests I may now or hereafter hold.

RR Insurance and Annuity Transactions

1. To procure new, different or additional contracts of life, accident, health, disability or liability insurance or annuity; To continue, modify, rescind or terminate any such contract; and designate the beneficiary of any such contract.

RR Personal and Family Expenses

1. To do all acts necessary to maintain my customary standard of living, and that of any persons customarily supported by or legally entitled to be supported by me.
2. To pay for medical, dental and surgical care; To have access to my health care records in order to dispute charges and pay medical bills.

RL Legal Actions

1. To engage in any administrative or legal proceedings or lawsuits in connection with any matter herein.
2. To engage and dismiss agents, counsel, and employees, in connection with any matter, upon such terms as my agent determines.

RK Business Operations

1. To conduct and participate in any kind of lawful business of any nature or kind, including the right to sign partnership agreements, continue, reorganize, merge, consolidate, recapitalize, close, liquidate, sell, or dissolve any business and to vote stock, including the exercise of any stock options and the carrying out of any buy sell agreement.

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1. To act for me in all matters that affect a trust, probate estate, guardianship, conservatorship, escrow, custodianship or other fund from which I am, may become or claim to be entitled, as a beneficiary, to a share or payment. My agent's authority includes the power to disclaim, release or renounce any assets which I am, may become or claim to be entitled, as a beneficiary, to a share or payment.
2. To transfer any of my property to a living trust I have created.

RN Government Benefit Transactions

DURABLE POWER OF ATTORNEY FOR FINANCES

1. To act for me in all matters that affect my right to government benefits, including Social Security, Medicare, Medicaid, or other governmental programs, or civil or military service.

RR Retirement Plan Transactions

1. To act for me in all matters that affect my retirement plans, including select payment options under any retirement plan in which I participate, make contributions to those plans, exercise investment options, receive payment from a plan, rollover plan benefits into other retirement plans, designate beneficiaries under those plans and change existing beneficiary designations.

RR Taxes

1. To prepare, sign, and file separate or joint income, and other tax returns and other governmental reports and documents; to file any claim for tax refund; and to represent me in all matters before the Internal Revenue Service.

My agent may personally benefit or profit from transactions taken in good faith and in my best interest.

My agent may not commingle any of my property with his or her property, unless such property was commingled prior to my agent taking action under this document.

Section 4: Indemnification of Third Parties

Any third party receiving a duly executed copy of this document may rely on and act upon it. Revocation of this document is not effective to a third party until the third party has knowledge of the revocation. I agree to hold any third party harmless from any and all claims because of good faith reliance on this document.

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DURABLE POWER OF ATTORNEY FOR FINANCES

Section 6: Signatures

Ryan Louis Roark

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Ryan Louis Roark

Signature

9/1/16

Date

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Daniel Lozano

Signature

9/1/2016

Date

Daniel Lozano

Printed name

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Second Witness

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Signature

9/1/16

Date

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Printed name

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Address

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Address

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DURABLE POWER OF ATTORNEY FOR FINANCES

Section 7: Acknowledgment of Notary Public

State of Texas

County: Dallas

This durable power of attorney was acknowledged and subscribed before me by Ryan Louis Roark, who is personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Zachariah K Beckner

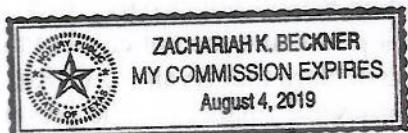
Signature of notary

Zachariah K Beckner

Printed name

9/1/16

Date



Notary seal