FINANCIAL DURABLE GENERAL POWER OF ATTORNEY

Advisory Notice to Agent: ARS § 14-5506 governs the exercise of powers of attorney. Under that statute, an agent cannot receive ANY benefits from the principal unless those benefits are specifically identified in detail within this instrument or within a written contract. Otherwise, the agent could be subject to criminal prosecution or subject to the penalty provisions of ARS § 46-456, which authorizes the loss of the agent's right to inherit from the principal as well as payment of treble damages and attorneys' fees. An agent should carefully review these statutes or consult with a knowledgeable attorney prior to exercising the authority granted by this power of attorney.

ARTICLE ONE GRANT OF POWERS

1,	tne	undersigne	a principai,				currently	residing at
				,	hereby	appoint		,
curre	ntly res	siding at					, (herei	nafter referred
the A	gent w , place,	ere the abso and stead as	lute owner of m	y assets ided bel	and liab	ilities, to perf	all power and authoform those acts for perform if personal	me and in my
	THI	S DOCUM		HALL	NOT 1	BE AFFEC'	ECTIVE AS OF T TED BY MY I	
ackno	ng the www.	witness to p	lace his or her in [1] has reviewed	nitials b	elow my	initials for e	ed power set forth ach selected power he delegation here	the principal
perso	ey, or e nal, tan	xercise any agible and in	option, election, tangible, within	privileg or with	ge or powout the S	er with respe tate of Arizor	encumber, assign, ect to any or all prona, as the Agent in hich I would otherw	perty, real and his or her sole
		Initials:	Principal			Witness		

2. Power with Respect to Bank Accounts. To establish accounts of all kinds, including, without limitation, checking and savings accounts, for me with financial institutions of any kind, including banks and other similar financial institutions; to modify, terminate, make deposits to or write checks on or make withdrawals from and grant security interests in all accounts in my name or with respect to which I am an authorized signatory (except any accounts held by me in a fiduciary capacity), whether or not such account was established by me or for me by the Agent, to negotiate, endorse or transfer any checks or other instruments with respect to any such accounts; and to contract for any services rendered by any

bank or financial instituti	on.		
Initials:			
	Principal	Witness	
maintenance of a safe de with respect to which I as was executed by me (either the control of th	posit box in my name; t m an authorized signator ther alone or jointly with	sit Boxes. To contract we to have access to all safe deep, whether or not the contract hothers) or by the Agent is sit box and to terminate any	posit boxes in my name or et for such safe deposit box n my name; to add to and
Initials:			
	Principal	Witness	
sums of money which are to me, whether social se interests, annuities, debts	e or shall become due, ovecurity benefits, pension, or any other receivables	ate or Defend. To ask, dem wing or payable to me, or wing payments, individual retires, and to use all lawful ways actions, claims or proceeding.	hich belong or shall belong ement accounts, dividends, and means in my name for
Initials:			
	Principal	Witness	
purchases and sales (incother securities, or liminegotiable form, issued (including commodity furthird party securities for account(s) to any other be (c) to instruct any third party transfer any stocks, bond and to execute any doctransactions made for my calls for margin, or oth	luding short sales), to su ted partnership interests or unissued, foreign ex tures), on margin or other my account(s), and to rokerage firm or to other earty to make payment of yments there from payalts, options or other secu- tuments necessary to eff account(s); (f) to approve er demands with refere	t to any account with any bubscribe for and to trade in sor investments and trust change, commodities, and crwise, for my account(s) an instruct any third party to es, and in such name and for moneys from my account(s) to me or to others; (d) trities of any nature, at any affectuate the foregoing; (e) we and confirm the same, to ence to my account(s); and ereto for me and on my behavior	stocks, bonds, options, or units, whether or not in contracts relating to same d risk; (b) to deliver to any deliver securities from my m as the Agent may direct; s) with any third party, and o sell, assign, endorse and time standing in my name to receive statements of receive any and all notices, (g) to make any and all
Initials:			
	Principal	Witness	
6. Employ C investment and legal adv		, compensate and terminate	e the services of financial,
Initials:			
	Principal	Witness	

7. Power with Respect to Insurance. To purchase, maintain, surrender, collect or cancel (a) ife insurance or annuities of any kind on my life or the life of any one in whom I have an insurable nterest, (b) liability insurance protecting me and my estate against third party claims, (c) hospital nsurance, medical insurance, Medicare supplement insurance, custodial care insurance, and disability ncome insurance for me or any of my dependents, and (d) casualty insurance insuring assets of mine against loss or damage due to fire, theft, or other commonly insured risk; to pay all insurance premiums, to select any options under such policies, to increase coverage under any such policy, to borrow against any such policy, to pursue all insurance claims on my behalf, to adjust insurance losses; and the foregoing powers shall apply to private and public plans, including, without limitation, Medicare, Medicaid, and Workers' Compensation.
Initials:
8. Power to Provide for Principal's Support. To do all acts necessary for maintaining my customary standard of living, to provide living quarters by purchase, lease or other arrangement, or by payment of the operating costs of my existing living quarters, including interest, amortization payments, repairs and taxes, to provide normal domestic help for the operation of my household, to provide clothing, transportation, medicine, food and incidentals, and if necessary to make all necessary arrangements, contractual or otherwise, for me at any hospital, hospice, nursing home, convalescent nome or similar establishment, or in my own residence should I desire it, and to assure that all of my essential needs are provided for at such a facility or in my own residence, as the case may be.
Initials: Witness
9. Income Tax Returns. To prepare and file any federal, state or local income tax return on my behalf and to deal with any governmental agency with respect to any of my tax returns.
Initials:
Principal Witness
10. Nomination of Guardian/Conservator. While I hope that by executing this instrument I will have obviated the need for a guardianship and conservatorship of my person and of my estate, if it should become necessary for a guardian or conservator to be appointed for my person or for my estate, I nominate the Agent to so serve.
11. Alternate Agents. If the Agent designated in the introductory paragraph of Article One above cannot serve or continue to serve or is unavailable to serve, I appoint to serve as my Alternate Agent ("Alternate Agent"). No Alternate Agent shall be liable for any act or omission of the initial Agent.
12. Benefit to Agent. My agent shall be entitled to reasonable compensation for any services provided as my Agent, which compensation shall be up to \$ per hour. My agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of

this Power of Attorney.			
Initials:			
	Principal	Witness	
in the Agent a general pe	ower of appointmen	Nothing in this instrument shat exercisable in its own behalors of the estate of the Agent.	
14. Limitations or any will or codicil.	n Authority. The A	Agent shall not have any power	r to amend, alter, or revoke
general or limited, previous thereunder, including, with any, except any powers g write checks or deposit fu	usly granted by me a thout limitation, tho ranted by me on for ands to or withdraw f	as principal and terminate all as principal and terminate all as relationships of all success rms provided by financial institudes from accounts to which by revoked, but shall continue to	agency relationships created or agents named therein, if tutions granting the right to I am a signatory or granting
any such act done by the which I am disabled, inc whether I am dead or aliv bind me, my guardian, he	Agent at any time, ompetent or incapacive, shall, unless others, distributees, legar	rove any act or failure to act of including but not limited to, a citated or at any time at which erwise invalid or unenforceable ratees, devisees, assignees, and disabled, incapacitated, or incompared to the control of the control	any act done at any time at h there is uncertainty as to e, have the same effect and personal representatives to
in reasonable reliance on that time has elapsed sinc instrument. Persons and	this power of attorner its execution preventities shall place re	erson or entity acting without not shall not incur any liability ent such persons or entity from easonable reliance on this powerequest the issuance of an affidence.	y thereby, nor shall the fact n reasonably relying on this yer of attorney regardless of
18. Governing Law respects.	. The laws of the S	State of Arizona shall govern t	his power of attorney in all
undersigned authority that willingly, or willingly dire	t I sign and execute a ect another to sign for	_, the principal, sign my name , 20, and being first do this instrument as my Power of or me, that I execute it as my fr General Power of Attorney and	of Attorney and that I sign it tree and voluntary act for the

FI	rincipal
foregoing Financial Durable General P undersigned authority that the principal attorney and that he/she signed it will signed this power of attorney as a witne the principal is eighteen years of age or	, the witness, sign my name to the lower of Attorney being first duly sworn and I do declare to the all has signed and executed this instrument as his/ her power or lingly, and that I, in the presence and hearing of the principal ess to the principal's signing and that to the best of my knowledge older, of sound mind and under no constraint or undue influence
Dated:	Signature of Witness
	Printed Name of Witness
STATE OF ARIZONA)) ss. County of)	