

North Carolina Statutory Short Form Power of Attorney

Do NOT write above this line.

Recording: Time, Book and Page

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** (G.S. 32C-2-217).

THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTHCARE DECISIONS FOR YOU. You should select someone you trust as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or you 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 for one agent, successor agent, and second successor agent. If you wish to name more than one agent, successor agent, or second successor agent, you may name a coagent, successor coagent, or second successor coagent 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. If you have questions about the power of attorney or the authority that you are granting your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, _____ name the following person as my agent: _____
(Name of Principal) (Name of Agent)

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)

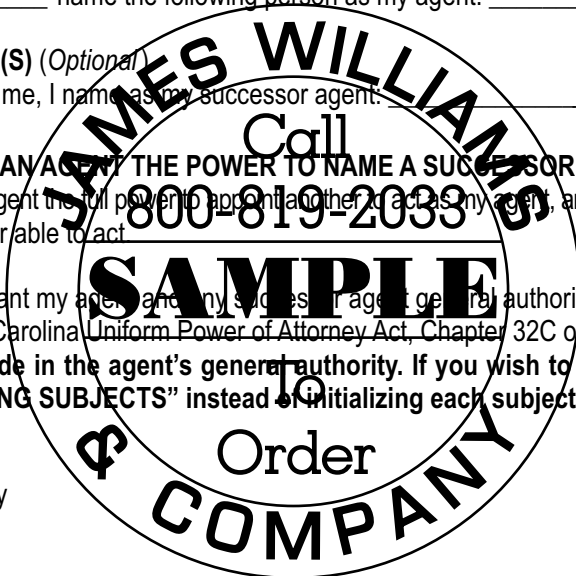
INITIAL BELOW IF YOU WANT TO GIVE AN AGENT THE POWER TO NAME A SUCCESSOR AGENT.

I, the above named Principal, give 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 the subjects you may initial "ALL PRECEDING SUBJECTS" instead of initializing each subject.

- _____ (1) Real Property
- _____ (2) Tangible Personal Property
- _____ (3) Stocks and Bonds
- _____ (4) Commodities and Options
- _____ (5) Banks and Other Financial Institutions
- _____ (6) Operation of Entity or Business
- _____ (7) Insurance and Annuities
- _____ (8) Estates, Trusts, and Other Beneficial Interests
- _____ (9) Claims and Litigation
- _____ (10) Personal and Family Maintenance
- _____ (11) Benefits from Governmental Programs or Civil or Military Service
- _____ (12) Retirement Plans
- _____ (13) Taxes
- _____ (14) **ALL PRECEDING SUBJECTS**



GRANT OF SPECIFIC AUTHORITY (Optional)

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 IN FAVOR OF AGENT

_____ **UNLESS INITIALED**, an agent **MAY NOT** exercise any of the grants of specific authority initialed above in favor of the agent or an individual to whom the agent owes a legal obligation of support.

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY.

NOMINATION OF GUARDIAN: 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 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 been 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.

Date: _____ Signature: _____



SEAL-STAMP

USE BLACK INK ONLY

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me, the said named _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My Commission expires: _____ Notary Public

The foregoing Certificate of _____

is certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown above.

_____ – REGISTER OF DEEDS FOR _____ COUNTY

By _____ Deputy/Assistant-Register of Deeds