DURABLE POWER OF ATTORNEY

By this Durable Power of Att	torney, I,, of
, County, Florida, appoint	who resides at
	, County, Florida as my attorney in

fact to manage my affairs.

This Durable Power of Attorney shall not be affected by any physical or mental disability that I may suffer, except provided by statute, and it shall be exercisable from this date. All acts done under this power by my attorney in fact shall bind me, my heirs, devisees, and personal representatives. This power of attorney is nondelegable.

All of my property and interest in property are subject to this Durable Power of Attorney. Without limiting the broad powers conferred by the preceding provisions, I authorize my attorney in fact to:

- 1. Collect all sums of money and other property that may be payable or belong to me and execute receipts, releases , cancellations, or discharges.
- 2. Settle any account in which I have interest and pay or receive the balance of that account.
- 3. Borrow money on the terms and with the security as my attorney in fact thinks fit and execute all notes, mortgages, and other instruments that my attorney in fact finds necessary or desirable.
- 4. Draw, endorse, accept, or otherwise with deal any checks or commercial instruments, specifically including the right to make withdrawals from any checking or savings accounts.
- 5. Redeem bonds issued by the United States government or any agencies, any other bond, any certificates of deposit, or other similar assets belonging to me.
- 6. Sell or redeem any of my assets, including but not limited to real estate, bonds, shares of stock, mutual funds, annuities warrants, or debentures; execute all assignments and deeds or other instruments necessary or

proper for transferring them to the purchaser or purchasers; and give good receipts and discharges for all money payable in regard to them.

- 7. Manage, lease, and superintend any of my real estate.
- 8. Purchase bonds, shares of stock, mutual funds and any other securities annuities, or real estate as my attorney in fact thinks fit.
- 9. Vote at all meetings of stockholders of any company and otherwise act as my proxy with respect to my shares of stock or other securities or investments that now or hereafter belong to me, and appoint substitutes or proxies with respect to any of those shares of stock.
- 10.Execute on my behalf any tax return, make tax elections or consents that I could make, and act for me in any examination, audit hearing, conferences, or litigation relating to taxes, including the authority to file, prosecute refund claims and enter into any settlements.
- 11.Engage, employ, and dismiss any agents, clerks, servants, or other persons as my attorney in fact,his/her..... sole discretion, shall consider necessary or advisable.
- 12.Prosecute, defend, and settle all actions or other legal proceedings with regard to any of my assets in any matter.
- 13.Purchase bonds issued by the United States, commonly known as "Flower Bonds", that can be applied at face or maturity value on account of estate liabilities.
- 14.Organize, either singly or in conjunction with others, a corporation, partnership, or other entity, and transfer assets to that entity.
- 15.Make gifts of any of my property in connection with estate, gift, income, or generation skipping tax-planning procedures for me consistent with my general testamentary intent. Provided, however, that gifts to my attorney in fact shall not exceed the annual exclusion as described in the Internal Revenue Code §2053 (b) as amended from time to time.
- 16.Exercise any power of revocation or amendment retained by me over any living trust of which I am or may become grantor as may be required or advisable to better accomplish my intent as expressed therein and transfer any of my assets to the trustee of any living trust of which I am or may become grantor and create a living trust for me, consistent with my general testamentary interest.
- 17.Disclaim any assets passing to me.

18.Enter any safe deposit box standing in my name, alone or jointly, and remove any or all contents.

19. Make all health care decisions for me.

Any act that is done under this power between the revocation of this instrument and the notice of that revocation to my attorney in fact shall be valid unless the person claiming the benefit of the act had notice of that revocation.

IN WITNESS WHEREOF, I have set my hand and seal on SIGNED, SEALED, AND DELIVERED IN THE PRESENCE OF:

Witness	5
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Principle

Witness

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ day of _____, 20____, by ______, who identified this instrument as his Durable Power of Attorney and signed the instrument willingly. ______ is personally known to me or has produced his Florida Drivers License # ______ as identification.

Notary Public/State of Florida

SEAL: