

**DURABLE GENERAL POWER OF ATTORNEY
NEW YORK STATUTORY SHORT FORM**

**THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE
SHOULD YOU BECOME DISABLED OR INCOMPETENT**

(CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO MORTGAGE, SELL, OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THESE POWERS WILL CONTINUE TO EXIST EVEN AFTER YOU BECOME DISABLED OR INCOMPETENT. THESE POWERS ARE EXPLAINED MORE FULLY IN NEW YORK GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15, SECTIONS 5-1502A THROUGH 5-1503, WHICH EXPRESSLY PERMIT THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY.

THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS. YOU MAY EXECUTE A HEALTH CARE PROXY TO DO THIS.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

THIS is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, _____
(insert your name and address)

residing at No. _____

do hereby appoint: _____

residing at No. _____

(If 1 person is to be appointed agent, insert the name and address of your agent above)

my attorney(s)-in-fact TO ACT

(If more than one agent is designated, **CHOOSE ONE** of the following two choices by putting your initials in **ONE** of the blank spaces to the left of your choice:)

() Each agent may **SEPARATELY** act.

() All agents must act **TOGETHER**.

(If neither blank space is initialed, the agents will be required to act **TOGETHER**)

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

(DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then put your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated)

- (A) real estate transactions;
- (B) chattel and goods transactions;
- (C) bond, share and commodity transactions;
- (D) banking transactions;
- (E) business operating transactions;
- (F) insurance transactions;
- (G) estate transactions;
- (H) claims and litigation;
- (I) personal relationships and affairs;
- (J) benefits from military service;
- (K) records, reports and statements;
- (L) retirement benefit transactions;
- (M) making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate \$10,000 to each of such persons in any year;
- (N) marshall all of my assets and pay all expenses necessary for my well being;
- (O) authorize access to or release of my confidential records;
- (P) apply for government or private benefits;
- (Q) consent to or refuse routine or major medical or dental treatment;
- (R) authorize my placement and/or transfer in a nursing home;
- (S) power to sign tax returns and deal with all Federal, State and local taxing authorities on all claims, litigation, settlements and other matters;

- () (T) power to create and fund standby and other intervivos trusts;
- () (U) power to borrow funds to avoid forced liquidation of my assets;
- () (V) power to deal with Medicare and Medicaid claims, litigation and settlements;
- () (W) power to enter into buy and sell transactions;
- () (X) power to forgive and collect debts;
- () (Y) power to endorse, collect, negotiate, deposit and withdraw Social Security, Veterans Administration and/or other pension, annuity or benefit checks and/or negotiable instruments;
- () (Z) power to claim, negotiate, obtain and settle claims and actions for government entitlements and benefits of all kinds with all government administrations and agencies;
- () (aa) power to make statutory claims and election and to waive same;
- () (bb) power to pay salaries of employees and to employ and pay household help and health aides for myself and my dependents;
- () (cc) power to provide me with personal health care services from others;
- () (dd) making gifts to my family members. I specifically authorize my attorney-in-fact to make gifts, including gifts to himself/herself, outright or in trust, of my property to or for the benefit of such persons as, in the opinion of my attorney-in-fact, would be the donees I might choose, having in mind the resources, both public and private, available for my care after the making of such gifts, and having in mind the objective of preserving the largest amount of my property for my family as a whole.
- () (ee) power to implement and make tax savings decisions;
- () (ff) power to retain attorneys, accountants, investment counsel and similar professionals concerning my property and affairs and to pay the same;
- () (gg) power to fulfill my charitable pledges, if any;
- () (hh) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select;
- () (ii) each of the above matters identified by the following letters:

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of section 5-1503 of the New York General Obligations Law.)

This durable Power of Attorney shall not be affected by my subsequent disability or incompetence. If every agent named above is unable or unwilling to serve, I appoint

(insert name and address of successor)

residing at No. _____
to be my agent for all purposes hereunder.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

THIS DURABLE GENERAL POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.

The powers granted under (A) or (B) above are enlarged so that all fixtures and articles of personal property which at the time of such transaction are or which may thereafter be attached to or used in connection with the real property may thereafter be attached to or used in connection with the real property may be included in the deeds, mortgages, agreements and any other instruments to be executed and delivered in connection with real estate transactions and which may be described in said instruments with more particularity.

I will not question the sufficiency of any instrument executed by my attorney(s)-in-fact pursuant to this power of attorney notwithstanding that the instrument fails to recite the consideration therefor or recites merely a nominal consideration; any person dealing with the subject matter of such instrument may do so as if full consideration therefor had been expressed therein.

IN WITNESS WHEREOF I have hereunto signed my name this ____ day of August, 2006.

(YOU SIGN HERE) _____
(Signature of Principal)

Note: The statute requires that this instrument be duly acknowledged by the principal in the manner prescribed for the acknowledgment of a conveyance of real property.

STATE OF NEW YORK)
 : ss:
COUNTY OF ORANGE)

On the ____ day of August, in the year 2006, before me, the undersigned, a Notary Public in and for the said State, personally appeared _____, personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that _____ executed the same in _____ capacity (ies), and that by _____ signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public