

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT I, ____, residing at ____, desiring to provide for the conduct of my business and personal affairs, do hereby make, constitute and appoint ____, who resides at ____, as my true and lawful Attorney-In-Fact, for me and in my name, place, and stead, giving and granting unto my said appointee full power and authority to perform each and all of the following specific acts and specifically revoking any and all previous Powers of Attorney signed by me (except my Durable Power of Attorney for Health Care, if any);

POWERS

1. COLLECT AND RECEIVE MONIES:

To demand, collect and receive any and all sums of money, debts, claims or demands which are or shall become due, owing and payable to me by any firm, person or corporation;

2. POSSESS AND MANAGE PROPERTY:

To take charge of and maintain any and all property owned or controlled by me;

3. DEAL IN AND WITH PROPERTY OF EVERY DESCRIPTION:

To sell, convey or otherwise dispose of at public or private sale or auction or lease any and all of my personal property or real estate which I own, to receive payment of the purchase money or rents for said property, and to make, sign and deliver any deed, title document or other instrument of conveyance or lease necessary to complete such sale or rental;

4. PAY OBLIGATIONS:

To pay any and all expenses or other debts that I may now have or in the future incur;

5. PREPARE AND FILE TAX RETURNS:

To prepare, sign and file any and all appropriate federal and state tax forms on my behalf;

6. CONDUCT BANKING TRANSACTIONS:

To transact any business that I may have with any bank, savings and loan institution, or other financial organization, including entry into any safety deposit box that I may have, to deposit or withdraw money from any account that I own or in which I have funds, drawing, signing, executing or endorsing checks on or to any of my accounts, or withdrawing, transferring or otherwise handling any checking, savings or other type of bank account in which I have an interest, or withdrawing, transferring or otherwise handling any checking or savings accounts, certificates of deposit, investment accounts, money market accounts, or any other financial accounts which I may now or in the future have an interest in or own;

7. DEAL IN AND WITH SECURITIES AND DIVIDENDS:

To receive all dividends or other financial returns that are or may be payable to me or in my interest from shares of stock, bond, investment or other securities owned by me or in which I may have an interest and to endorse the drafts or checks of such dividends or returns for deposit or for cash;

8. DEAL IN AND WITH BONDS:

To cash, invest or reinvest or otherwise handle any United States bonds or other securities of any kind, nature or description which I may now or hereafter own or in which I may have or may acquire an interest;

9. DEAL IN AND WITH INSURANCE POLICIES:

To surrender for cash, invest or reinvest or otherwise handle any insurance policies which I may now own or later acquire including, but not limited to all types of health insurance,

Medicaid, Medicare, and any other pertinent health care insurance or benefits to which I may be entitled;

10. NEGOTIATE CHECKS AND INSTRUMENTS:

To accept, endorse, deposit and negotiate checks which may be payable to me from the Social Security Administration, Medicare, Medicaid, or any other department of the United States Government or from any state or municipality or insurance company, and to complete all such forms or reports as are necessary to such governments, municipalities, or companies;

11. MAKE DECISIONS REGARDING HEALTH CARE:

To take charge of my person in case of sickness or disability of any kind that hinders my personal ability to handle my own affairs and to make such arrangements as he deems appropriate for my personal care, comfort, health, maintenance, benefit and safety, and arrange for my continued medical, dental and other health and wellness care;

12. EXECUTE DOCUMENTS ASSOCIATED WITH HEALTH CARE:

To sign any and all forms required by any medical or care facility, physician, dentist or other health care provider including but not limited to any rest or care home or facility during or following any health care I may require;

13. SUPERVISE PAYMENTS FOR HEALTH CARE:

To apply for payment of medical or other health or related insurance benefits as they become available;

14. GIVE GIFTS IN MY NAME:

To make gifts of real or personal property, including but not limited to any property then constituting or included in any revocable trust established by me, to my attorney-in-fact either outright or in trust, in such amounts and upon such terms and conditions as my attorney-in-fact

in his/her sole judgment may deem reasonable. In determining the reasonableness of any proposed gift, my attorney-in-fact shall take into consideration the extent and nature of my assets, the Federal estate and/or gift taxes that may be generated by virtue of a gift and/or my death, the natural objects of my bounty and the Federal estate and/or income taxes to which they may be subjected. The fact that I may have not instituted a gift giving program prior to the exercise of this power by my said attorney-in-fact shall not be considered in any fashion as a manifestation of a purported desire by me not to undertake such a program at a subsequent time.

15. GENERALLY:

To generally transact any and all of my business on my behalf and in my name.

THIS Power of Attorney shall not be affected by my disability. It is my wish and intent that the authority conferred by me upon my attorney(s)-in-fact through this Power of Attorney should be exercisable notwithstanding my disability, my incapacity, a subsequent disability or incapacity or uncertainty as to whether I am living or dead. All acts done by my attorney(s)-in-fact named herein, who shall also be deemed to be my agent(s), shall have the same effect as if done by me and shall be binding on my heirs, legatees, devisees and personal representatives as if I were alive, competent, and without disability. A photocopy of this instrument shall be deemed to have the same effect as the original for all purposes whatsoever.

THIS Power of Attorney will expire of its terms at such time as I die or under such circumstances as I revoke the same.

By signing here, I indicate that I understand the purpose and effect of this document.

IN WITNESS WHEREOF, I, _____, have signed this, my Power of Attorney, in _____ County, Maryland, _____ day of _____, 20____.

(NAME)

WITNESS

ADDRESS

STATE OF MARYLAND: CITY/COUNTY OF _____: TO WIT:

I HEREBY CERTIFY that on this _____ day of _____, 20____, before me, a Notary Public in and for the State and County aforesaid, personally appeared_____, personally known to me or satisfactorily proved to be, who made oath in due form of law that he/she has read and understands the within Power of Attorney and that he/she is executing the same as his/her free and voluntary act.

AS WITNESS my hand and notarial seal this date.

NOTARY PUBLIC
My comm. expires: _____