TITLE OF DOCUMENT: DURABLE POWER OF ATTORNEY
DATE OF DOCUMENT: _____ (DATE EXECUTED)
GRANTOR(S): JOHN DOE
100 MAIN STREET
KANSAS CITY, MISSOURI 64101

GRANTEE(S): JANE DOE
100 MAIN STREET
KANSAS CITY, MISSOURI 64101

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DURABLE POWER OF ATTORNEY

OF

John Doe

I. PRINCIPAL AND ATTORNEY-IN-FACT

I, John Doe, also known as, Jack Doe, who reside at 100 Main Street, Kansas City, Missouri 64101, appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to the subjects indicated below:

Jane Doe
100 Main Street
Kansas City, Missouri 64101

[The following information appears if you appoint a successor attorney-in-fact.]

If Jane Doe resigns or is unable or unwilling to serve or continue to serve as my attorney-in-fact, I appoint the following person to serve as my successor attorney-in-fact:

James Smith
100 Main Street
Kansas City, Missouri 64101

[The content of the following paragraph depends on whether you elect to make the power of attorney effective immediately or effective if you become mentally incapacitated.]

II. EFFECTIVE TIME

This power of attorney is effective immediately and the authority of my attorney in fact will not terminate if I become disabled or incapacitated, or in the event of later uncertainty as to whether I am dead or alive. This is a durable power of attorney.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**") and all other applicable state and federal laws, and exclusively for the purpose of making a determination of my incapacitation or incapability of managing my financial affairs and obtaining an affidavit of such incapacitation by a physician, I authorize any health care provider to disclose to the person named herein as my "attorney-in-fact" any pertinent individually identifiable health information sufficient to determine whether I am mentally or physically capable of managing my financial affairs. In exercising such authority, my attorney-in-fact constitutes my "personal representative" as defined by HIPAA.

III. POWERS OF ATTORNEY-IN-FACT

To the extent permitted by law, my attorney-in-fact may act in my name, place, and stead in any way that I myself could with respect to the following matters:

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YOUR ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES THAT ARE INITIALED.

[The following sections will appear based on your selections in the questionnaire.]

(_____) REAL ESTATE TRANSACTIONS:

- Manage, sell, transfer, lease, mortgage, pledge, refinance, insure, maintain, improve, collect and receive rent, sale proceeds, and earnings, pay taxes, assessments, and charges, and perform any and all other acts with respect to real property and interests in real property that I own now or later acquire.
- Defend, settle, and enforce by litigation a claim to real property and interests in real property that I own now or later acquire.
- Buy, lease, or otherwise acquire real property or an interest in real property, including the authority to enter into listing agreements and purchase and sale contracts, and to sign escrow instructions.
- Execute deeds, mortgages, releases, satisfactions, and other instruments relating to real property and interests in real property that I own now or later acquire.
- Hire and discharge accountants, bookkeepers, property managers, and other professionals providing services related to real property and interests in real property that I now own or later acquire.
- Exercise all powers with respect to real property and interests in real property that I could if present and under no disability.

(_____) TANGIBLE PERSONAL PROPERTY TRANSACTIONS:

- Buy or otherwise acquire ownership or possession of, sell or otherwise dispose of, mortgage, pledge, assign, lease, insure, maintain, improve, pay taxes on, otherwise manage tangible personal property and interests in tangible personal property that I now own or later acquire, and exercise all powers with respect to personal property and interests in personal that I could if present and under no disability.

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(_____) STOCK AND BOND TRANSACTIONS:

- Buy, sell, pledge, and exchange stocks, mutual funds, bonds, options, commodity futures, and all other types of securities in my name.
- Sign, accept, and deliver in my name certificates, contracts, or other documents relating to the foregoing, including agreements with brokers or agents.
- Exercise voting and other rights and enter into agreements relating thereto.
- Hire and discharge professionals providing services related to the management and investment of any securities in my name.
- Exercise all powers with respect to securities that I could if present and under no disability.

(_____) FINANCIAL INSTITUTION TRANSACTIONS:

Conduct any business with banks, savings and loan associations, credit unions, and other financial institutions, including but not limited to the authority to:

- Sign and endorse all checks and drafts in my name.
- Deposit and withdraw funds from accounts.
- Open, maintain, and close accounts or other banking arrangements.
- Open, continue, and have access to all safe deposit boxes, and add and remove items from them.
- Borrow money, pledge property as security, and negotiate terms of debt payments.
- Apply for and receive letters of credit, credit cards, and traveler's checks, and give an indemnity or other agreement in connection with letters of credit.
- Exercise all powers with respect to financial institution transactions that I could if present and under no disability.

(_____) BUSINESS OPERATION TRANSACTIONS:

- Buy, sell, expand, reduce, or terminate a business interest, including but not limited to shares in a corporation, membership interests in a limited liability company, and partnership interests in a general, limited, or limited liability partnership.

SAMPLE

- Manage and operate any business or business interest that I now have or later acquire, including but not limited to the authority to:
    - Enter into, amend, enforce, and terminate any business contract.
    - Disburse, receive, and demand money in the operation of the business.
    - Merge, reorganize, or sell a business or part of a business.
    - Determine the location, nature, and method of operating the business.
    - Hire and discharge employees and agents.
- If an agent is permitted by law to act for a principal, and subject to the terms of any partnership or operating agreement, perform any duty and exercise any right, power, or privilege that I have under a partnership or operating agreement, to enforce the terms of a partnership or operating agreement, and to defend, arbitrate, and settle any legal proceeding to which I am a party because of membership in a partnership or limited liability company.
- Exercise a right, power, or privilege that I have as the holder of a bond, share, or instrument of similar character and to defend, arbitrate, and settle any legal proceeding to which I am a party because of any bond, share, or similar instrument.
- Exercise all powers with respect to business operation transactions that I could if present and under no disability.

(_____) INSURANCE AND ANNUITY TRANSACTIONS:

- Obtain, modify, renew, convert, rescind, pay the premium on, or terminate insurance and annuities of all types for myself and for my family and other dependents.
- Designate the beneficiary of the contract, but the attorney-in-fact may be named a beneficiary of the contract, or an extension, renewal, or substitute for it, only if the attorney-in-fact was named as a beneficiary under a contract procured by the principal before signing this power of attorney.
- Surrender and receive the cash value, borrow against, or pledge any insurance or annuity policy.
- Exercise all powers with respect to insurance and annuity transactions that I could if present and under no disability.

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(_____) ESTATE AND TRUST TRANSACTIONS:

- To act for me in all matters that affect a trust, probate estate, guardianship, conservatorship, escrow, custodianship, or other fund from which I am now, claim to be, or later become entitled, as a beneficiary, to a share or payment, including but not limited to the authority to sign a qualified disclaimer pursuant to Internal Revenue Code Section 2518 and applicable state law, and petitions, objections, waivers, consents, receipts, settlements, and other agreements relating to the above-referenced matters or proceedings.
- Transfer any of my property to a living trust that I created as a grantor before this power of attorney was signed.
- Exercise all powers with respect to estate and trust transactions that I could if present and under no disability.

(_____) LEGAL ACTIONS:

To act for me in all legal matters, whether claims in my favor or against me, including but not limited to the authority to retain and discharge attorneys on my behalf; appear for me in all actions and proceedings, commence actions in my name, sign all documents, submit claims to arbitration or mediation, settle claims, and pay judgments and settlements; and exercise all powers with respect to legal actions that I could if present and under no disability.

(_____) PERSONAL AND FAMILY CARE:

To do all acts necessary to maintain my customary standard of living, and that of any individuals legally entitled to be supported by me, including but not limited to the authority to provide and pay for medical care, shelter, clothing, food, usual vacations, education, transportation, and dues for social organizations and to exercise all powers with respect to personal and family care that I could if present and under no disability. My attorney-in-fact is specifically authorized to hire and compensate household, nursing, and other employees necessary for my well-being and that of any individuals legally entitled to supported by me, and to enter into contracts and commit my resources with respect to the provision of my residential care in a convalescent hospital, skilled nursing home, or alternative residential facility.

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(_____) GOVERNMENT ASSISTANCE:
Claim and collect benefits from the Social Security Administration, including, but not limited to, retirement benefits, supplemental social security, and social security disability benefits and, Medicare, Medicaid, or state, local, and other government programs or civil or military service, and to exercise all powers with respect to government assistance that I could if present and under no disability.

(_____) RETIREMENT PLAN TRANSACTIONS:
To act for me in all matters that affect my retirement, deferred compensation, or pension plans, including but not limited to the authority to select payment options, designate beneficiaries, make contributions, exercise investment powers, make "rollovers" of plan benefits, borrow or sell assets from the plan, and, if I am a spouse who is not employed, waive my right to be a beneficiary of a joint or survivor annuity and to exercise all powers with respect to retirement plans that I could if present and under no disability.

[A version of this section will appear based on your selections in the questionnaire.]

(_____) GIFTS:
Make gifts from my assets, including debt forgiveness and gifts to my attorney-in-fact.

(_____) PET AND ANIMAL CARE:
To do all acts necessary to maintain the customary standard of living of all pets and animals currently supported by me, including, but not limited to, providing and paying for shelter, food, and veterinary care.

[The following section only appears if you elect to give your attorney-in-fact powers not mentioned in the above categories.]

(_____) OTHER:
Sample.

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My attorney-in-fact is empowered to take all further action, including the payment of expenditures and the preparation and execution of all documents, as my attorney-in-fact deems necessary or appropriate to fully effectuate the purposes of the foregoing matters.

[The following section only appears if you specifically state limitations on the authority of your attorney-in-fact.]

(_____) Notwithstanding the foregoing, the authority of my attorney-in-fact is limited as follows: Sample.

IV. GENERAL PROVISIONS

1) Reliance By Third Parties. I hereby agree that any third party receiving a duly executed copy of this document may rely on and act under it. Revocation or termination of this power of attorney will be ineffective as to a third party unless and until that third party receives actual notice or knowledge of the revocation or termination. For myself and for my heirs, executors, legal representatives, devisees, and assigns, I hereby agree to indemnify and hold harmless any third party from any and all claims because of good faith reliance on this instrument.

2) Severability. If any provision in this power of attorney is found to be invalid or unenforceable, this invalidity or unenforceability will not affect the other provisions of this document, and the other provisions will be given effect without the invalid or unenforceable provision.

[The following paragraph only appears if you select "Yes" to revoking prior Power of Attorney documents.]

3) Revocation of Prior Powers of Attorney. I revoke all durable powers of attorney naming me as principal executed prior to this document, specifically excluding any health care powers of attorney and advance health care directives.

4) Maintenance of Records; Accounting. My attorney-in-fact must maintain records of all actions taken on my behalf, including transactions, receipts, disbursements and investment. My attorney-in-fact shall provide an accounting for all funds handled and all acts performed as my attorney-in-

SAMPLE

fact, but only upon my request, the request of a personal representative or a fiduciary acting on my behalf, or court order. Any requirement of my attorney-in-fact to file inventories and accounts with the county clerk or with the court is specifically waived.

[A version of this paragraph appears based on your selection in the questionnaire.]

5) Compensation and Reimbursement. My attorney-in-fact is entitled to reasonable compensated for services provided on my behalf pursuant to this power of attorney. My attorney-in-fact will be reimbursed for all reasonable expenses incurred relating to his or her responsibilities under this power of attorney.

[A version of this paragraph appears based on your selection in the questionnaire.]

6) Personal Benefit Permitted. If my attorney-in-fact is acting in good faith and in my best interests, my attorney-in-fact may personally benefit or profit from transactions taken on my behalf.

7) Liability of Attorney-in-Fact. All persons or entities that in good faith endeavor to carry out the provisions of this power of attorney will not be liable to me, my estate, or my heirs for any damages or claims arising because of their actions or inactions based on this power of attorney. My estate will indemnify and hold them harmless. A successor attorney-in-fact will not be liable for the acts of a prior attorney-in-fact.

8) Copies. A copy of this durable power of attorney shall be effective as an original for all purposes.

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IN WITNESS WHEREOF, the undersigned has executed this power of attorney on the date set forth below.

Date:_____ _____

Signature of John Doe

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ACKNOWLEDGMENT
OF NOTARY PUBLIC

State of Missouri

County of _____

On this _____ day of _____, 20___, before me, the undersigned Notary Public, personally appeared John Doe, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual who signed the foregoing power of attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public: _____

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Acceptance of Appointment by Attorney-in-Fact

I, Jane Doe, have read the attached power of attorney and am the person identified therein as agent for John Doe, the principal named therein.

I hereby accept the attached appointment as attorney-in-fact for the principal with full knowledge of the responsibilities imposed on me, including the duty to exercise the authority conferred in said power of attorney, and I will faithfully carry out my duties to the best of my ability.

Date:_____ _____

Signature of Jane Doe

100 Main Street
Kansas City, Missouri 64101

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[This document only appears if you select "Yes" to revoking prior Power of Attorney documents.]

REVOCATION OF POWER OF ATTORNEY

I, John Doe, hereby revoke, cancel and make void all durable powers of attorney naming me as principal executed prior to _____, 20___, specifically excluding any health care powers of attorney and advance health care directives. Nothing herein shall affect any action taken by my attorney-in-fact prior to receiving this notice. This notice shall be conclusive for all purposes, from the date of execution as set forth below.

This Revocation of Power of Attorney may be served via personal delivery, mail, facsimile transmission or other electronic transmission, and shall be effective regardless of the manner in which same is received. A copy of this Revocation of Power of Attorney shall be effective as an original for all purposes.

_____ Date: _____, 20_____

Signature of John Doe
100 Main Street
Kansas City, Missouri 64101

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ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Missouri
County of _____

On this _____ day of _____, 20___, before me, the undersigned Notary Public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the

individual who signed the foregoing Revocation of Power of Attorney and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by such signature, the person executed the instrument.

Witness my hand and seal.

Signature of Notary Public: _____

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These are sample documents for the state of Missouri. Actual content differs by state and may vary based on your answers to the LegalZoom questionnaire.

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