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# Power of Attorney

by Documatica Legal Forms Inc.

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I, Dede Hogan, currently residing at 2667 Washington Lane, Chandler, in the province of Newfoundland and Labrador, hereby execute THIS POWER OF ATTORNEY, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

## 1. Previous Power of Attorney

I HEREBY REVOKE any previous power of attorney granted and executed by me.

## 2. Attorneys-in-fact

I HEREBY APPOINT Page Nunez of 4781 Michigan Blvd, Dallas, England, and Emory Hutchins of 1041 Franklin Drive, Greensboro, Guam, to act jointly and independently as my Attorneys-in-fact. Upon the death, refusal or inability of Page Nunez or Emory Hutchins to act or continue to act as my Attorney-in-fact, I authorize the remaining Attorney-in-fact to continue acting as my Attorney-in-fact in their sole capacity.

## 3. My Attorney-in-fact

Throughout this instrument, references to 'my Attorney-in-fact' shall be taken to refer to my Attorneys-in-fact.

## 4. Governing Laws

The laws of the State of Indiana shall govern this instrument. Further, I direct my Attorney-in-fact to act in accordance with the laws of the State of Indiana at any time when he or she is acting on my behalf.

## 5. Delegation of Authority

I do NOT authorize my Attorney-in-fact to delegate or subdelegate any authority granted in this document.

## 6. Liability

Notwithstanding gross negligence or willful misconduct, I hereby release my Attorney-in-fact from any liabilities incurred for any action taken or not taken in accordance with

the authorities granted herein. This release of liability extends to me, my heirs, my successors, and my estate.

## **7. Effective Date**

This instrument will take effect immediately upon execution, and will immediately terminate in its entirety upon the earlier of my mental incapacity, death, or termination date specified herein.

## **8. Termination Date**

I direct for this instrument to terminate in its entirety on 1995-03-04.

## **9. Powers of Attorney-in-fact**

My Attorney-in-fact will have the following power(s):

(Initial)

### **\_\_\_\_\_ 1. Real Estate Transactions**

My Attorney-in-fact shall have the authority to manage any interests I may have with respect to real property, and, in general, exercise all powers with respect to real estate which I otherwise could if personally present and under no disability. These powers include, but are not limited to:

1. The authority to purchase, sell, and exchange real estate (including, but not limited to, the authority to convey, assign and accept title to real estate).
2. The authority to rent and lease real estate (including, but not limited to, the ability to collect all rents due, sue for unreceived rents, and eject and remove tenants and other persons).
3. The authority to encumber real estate (including, but not limited to, the authority to grant easements, place real estate as security on loans, create conditions and release rights of homestead with respect to real estate, convey with or without covenants, create land trusts, and exercise all powers under land trusts).
4. The authority to maintain property (including, but not limited to, the authority to manage, operate, repair, improve, subdivide, and insure real estate; pay, protest, contest, and compromise real estate assessments and taxes).

## **2. Tangible Personal Property Transactions**

My Attorney-in-fact shall have the authority to exercise all powers with respect to tangible personal property which I otherwise could if personally present and under no disability. These powers include, but not limited to:

1. The authority to purchase, sell, lease, exchange, bail, and take title to any personal property I currently own, or that I may acquire or have an interest in at any future time.
2. Manage, preserve, maintain, improve, repair, move, ship, store, restore, and insure any personal property I currently own, or that I may acquire or have an interest in at any future time.

## **3. Insurance Transactions**

My Attorney-in-fact shall have the authority to exercise all powers with respect to insurance policies (which terms include, without limitation, life, health, disability, accident, automobile casualty, property or liability insurance policies) and annuity contracts which I otherwise could if personally present and under no disability. These powers include, but are not limited to:

1. The authority to acquire, continue, modify, renew, terminate any insurance policies.
2. The authority to pay premiums or assessments on or surrender and collect all distributions from any insurance policies.
3. The authority to manage all cash payouts from any insurance policies.
4. The authority to use insurance policies as collateral when borrowing from insurers and third parties.
5. The authority to change the beneficiaries on any life insurance policies. Unless my Attorney-in-fact was already named as a beneficiary of any policy before the execution of this instrument, my Attorney-in-fact cannot name himself or herself as a beneficiary of any life insurance policies.

## **4. Estate Transactions**

My Attorney-in-fact shall have the authority to do any act that I could otherwise do if personally present and under no disability with regard to

matters affecting any and all trusts, probate estates, or other funds which I may receive as payment as a beneficiary. Such powers include, but are not limited to:

1. The authority to exercise, assign, accept, release, renounce, demand, sue for, claim and recover, any legacy, gift, bequest, devise or other property interest or payment due to me or my estate.
2. The authority to exercise any power over and assert any interest in any trust, estate, or property subject to fiduciary control.
3. The authority to establish a revocable trust that will benefit me during my lifetime, and be distributed to the legal representative of my estate following my death.
4. The authority to disclaim any interest or assets which might otherwise be transferred or distributed to me, with the exception of assets I am entitled to that will pass directly or indirectly to my Attorney-in-fact's estate if disclaimed.

My Attorney-in-fact shall NOT have the authority to make or change a will, revoke or amend an established and constituted trust, or require trustees of any trust to which the Principal is a beneficiary to pay income or principal to him or her unless that authority is specifically given in the statutory proper power form.

## \_\_\_\_\_ **5. Claims and Litigation**

My Attorney-in-fact shall have the authority to transfer any or all of my assets (including, but not limited to, real or personal property, stocks, bonds, debts, mortgages, insurance policies or other choses in action) to the trustee of any revocable trust that has been created by me, so long as such trust has been executed and is in existence at the time of such transfer.

## \_\_\_\_\_ **6. Family Care**

My Attorney-in-fact shall have the authority to make any and all expenditures necessary for the support of those I am legally required to support and any other persons that I have chosen to support, and, in general, exercise all other powers with respect to caring for those I am supporting which I otherwise could if personally present and under no disability. Such expenditures include living costs (including, but not limited to, clothing, food, accommodation, and travel expenses), education, medical care, and other expenditures for the general benefit and advancement of those I am supporting.

\_\_\_\_\_ **7. Charitable Donations**

My Attorney-in-fact shall have the authority to make donations, cash or otherwise, to any charitable, political, or religious organizations with whom I have established a clear pattern of past giving. My Attorney-in-fact will make the aforementioned donations in amounts he or she deems prudent, considering all of the circumstances (including, but not limited to, the size and nature of my past donations, the current financial position of my estate, and my current income requirements).

\_\_\_\_\_ **8. General Authority**

My Attorney-in-fact shall have the authority to do any anything that I could otherwise do if personally present and under no disability. The above enumerated powers are not intended to limit this broad general power.

\_\_\_\_\_ **9. Additional Power #1**

Lorem ipsum ullamcorper praesent dui, massa primis malesuada.

**10. Attorney-in-fact Compensation**

I shall compensate my Attorney-in-fact according to the rate legislated in the State of Indiana for the compensation of agents or trustees, or any similar legislation. In addition, I will reimburse my Attorney-in-fact for all out-of-pocket expenses incurred as a result of carrying out the directives herein. If no guidelines or precedents exist to determine the compensation of my Attorney-in-fact, then my Attorney-in-fact may pay him or herself an amount of compensation commensurate with the size of my estate.

**11. Personal Gain from Managing My Affairs**

Notwithstanding transactions conducted in bad faith or transactions that are not in my best interest, my Attorney-in-fact is permitted to personally gain from transactions he or she completes to fulfil my directives herein.

**12. Co-owning of Assets and Mixing of Funds**

Execution of this instrument shall not alter my Attorney-in-fact's co-ownership of any of my assets or mixing of any of his or her funds with my funds.

**13. Nomination of Guardian or Conservator**

I hereby nominate my Attorney-in-fact to be considered as my guardian, conservator, or similar representative, should a court decide it necessary to appoint one for me.

#### **14. Preparation of Financial Reports**

I direct my Attorney-in-fact to prepare financial reports detailing income, expenses, transactions completed, and changes in the value of my assets over the previous reporting period. Reports will commence twelve months following my incapacitation, and will continue at twelve month intervals so long as this instrument is in effect. These reports should be sent to 9230 Denbar within one month of the due date.

#### **15. Attorney-in-fact Restrictions**

This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

#### **16. Notice to Third Parties**

Third parties obtaining this instrument may rely on it and act under it, and will not incur any liability to me or my heirs, assigns, or estate as a result of permitting my Attorney-in-fact to exercise any of his or her powers described herein, up until the revocation of this document, so long as the representations of my Attorney-in-fact are reasonable. Revocation will be considered to have occurred when the third party is made aware and fully recognizes that this document is no longer in effect.

#### **17. Severability**

Should applicable laws deem any part or portion of this instrument as invalid or unenforceable, the remaining provisions shall not be affected, and shall be enforced to as great an extent as possible.

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## 18. Acknowledgment

As the Principal named in this Power of Attorney, I, Dede Hogan, hereby acknowledge:

1. I have read and understand the nature and effect of this Power of Attorney.
2. I am of the legal age in Indiana to grant a Power of Attorney.
3. I am giving this Power of Attorney of my own free will and in the absence of coercion.

IN WITNESS WHEREOF I hereunto set my hand and seal at the City of Peoria, in the Territory of Guam, this 11th of July, 2006.

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Dede Hogan

SIGNED, SEALED, AND DELIVERED  
in the presence of:

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WITNESS:

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WITNESS:

## WITNESS CERTIFICATE

I, \_\_\_\_\_, currently residing at  
\_\_\_\_\_, in the City of \_\_\_\_\_, in  
the Country of \_\_\_\_\_ hereby acknowledge that:

1. I witnessed the execution of the Power of Attorney of Dede Hogan dated this 11th of July, 2006.
2. I am an adult of sound mind, with the capacity to witness the execution of this Power of Attorney.
3. In my opinion, Dede Hogan understands the nature and effect of this Power of Attorney and signed it of his or her own free will.
4. I am not the Attorney-in-fact named in the Power of Attorney nor am I his or her spouse or other family member.

\_\_\_\_\_  
(Signature of witness)

## WITNESS CERTIFICATE

I, \_\_\_\_\_, currently residing at \_\_\_\_\_, in the City of \_\_\_\_\_, in the Country of \_\_\_\_\_ hereby acknowledge that:

1. I witnessed the execution of the Power of Attorney of Dede Hogan dated this 11th of July, 2006.
2. I am an adult of sound mind, with the capacity to witness the execution of this Power of Attorney.
3. In my opinion, Dede Hogan understands the nature and effect of this Power of Attorney and signed it of his or her own free will.
4. I am not the Attorney-in-fact named in the Power of Attorney nor am I his or her spouse or other family member.

\_\_\_\_\_  
(Signature of witness)

## NOTARY ACKNOWLEDGEMENT

On this 11th day of July, 2006, before me, personally appeared Dede Hogan, the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

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Notary Public

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(print name)

My commission expires:

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## Instructions for Executing your Power of Attorney

Before executing this Power of Attorney, be sure that you have read it thoroughly and understand the powers you are granting.

To validate your Power of Attorney, you must sign it (with your usual signature) wherever your signature is required, and initial all the pages, in the presence of your notary public and/or witnesses. After you initial each page, your witness or notary should place their initials beside yours, and also provide their signature(s) wherever required.

To ensure the validity of this document, you must also PLACE YOUR INITIALS beside each of the powers which you have given to your chosen representative(s). Failure to do so may have an effect on the validity and enforceability of this document.

In most jurisdictions, a Durable Power of Attorney or a Power of Attorney which grants power over land or real estate must be signed in front of a Notary Public. In other jurisdictions, two witnesses must be present when the document is signed. To ensure the validity of your document, we highly recommend that you sign it in front of a Notary Public. We also recommend that it is signed in front of two witnesses.

Ensure that any witnesses who will sign your Power of Attorney are of legal age in your jurisdictions, and are of sound mind and mental capacity. When choosing your witness(es), remember that your spouse, partner, or child cannot be a witness. Similarly, witness(es) cannot be named as your representative(s) or alternate/successor representative(s) in this Power of Attorney, or be the spouse of your representative(s) or alternate/successor representative(s). Furthermore, some jurisdictions do not allow beneficiaries or executors of your will to act as witnesses. As a general rule, the best witnesses are those that do not have any financial relationship with you.

If this Power of Attorney will be used to give your representative(s) power over your real property or real estate, your representative(s) should have this document recorded in the land registry office of the jurisdiction in which the property is located. Not doing so may invalidate your document.

Notes:

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