
Durable Power of Attorney for Financial Management

by Documatica Legal Forms Inc.

ATTENTION: Crista Jackson

THE POWERS WHICH YOU HAVE GRANTED TO Dacia Long WITHIN THIS DOCUMENT CONTINUE TO BE EFFECTIVE IF YOU BECOME DISABLED OR INCOMPETENT. IN THE EVENT THAT YOU BECOME DISABLED OR INCOMPETENT, YOU WILL NOT BE ABLE TO TERMINATE, CHANGE, OR REVOKE THESE POWERS. PLEASE TAKE NOTE OF THE FOLLOWING:

1. This document ONLY grants powers with respect to financial and property matters. To authorize another person to make medical or health care decisions for you in the event of your incapacity, you must execute a separate document. This document is called a health care proxy, health care power of attorney, or medical power of attorney, depending on your jurisdiction.
2. Upon proper execution of this document, you will create a Durable Power of Attorney that gives Dacia Long the powers to handle your property during your lifetime. Depending on the options chosen within, Dacia Long may be able to mortgage, sell, lease, encumber, alienate and/or dispose of your property without your knowledge or approval.
3. Until you are incapacitated or declared incompetent, you reserve the right to terminate, change, or revoke this Durable Power of Attorney and/or any specific powers granted herein.

This Durable Power of Attorney can have a serious impact on your future affairs. If you are unsure about anything contained within it, you should ask a lawyer to explain it to you.

* * * * *

I, Crista Jackson, currently residing at 7182 Springwater Place, Milwaukee, in the Province of Quebec, hereby execute THIS DURABLE POWER OF ATTORNEY for financial management, on this _____ day of _____, _____.

1. Nature of Power

THIS IS A DURABLE POWER OF ATTORNEY and the authority of my Attorney-in-fact shall not terminate if I become disabled or incapacitated or in the event of later uncertainty as to whether I am dead or alive. I reserve the right to revoke this document at any time by providing my Attorney-in-fact with written notice.

2. Previous Power of Attorney

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

3. Attorneys-in-fact

I HEREBY APPOINT Dacia Long of 2496 Sunderland Alley, Gainesville, British Columbia, to act as my Attorney-in-fact.

4. Governing Laws

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

5. Delegation of Authority

I authorize my Attorney-in-fact to delegate or subdelegate any authority granted in this instrument to any third party of his or her choosing, providing that any such delegation or subdelegation be in made writing. Further, this written record must specify the extent and nature of powers delegated, along with the length of time that such delegation will be in effect.

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

Following execution, this instrument will not be effective unless and until the following conditions are met:

1. I am no longer capable of handling my financial and property matters due to physical disability;
2. I am no longer capable of making reasonable judgments or decisions with regard to the management or administration of any or all parts of my estate;
or
3. I direct for this document to come into effect and express this direction in writing, providing that I am not mentally incapacitated.

8. Loss of Capability

The written declaration of one (1) medical doctor licensed to practice in the State of New York that I am no longer capable of making reasonable judgements or decisions with regard to the management or administration of any or all parts of my estate will be conclusive proof of such event for the purposes of associated conditions precedent in this document.

If I am located outside of the State of New York then the written declaration of one (1) medical doctor licensed to practice in that jurisdiction that I am no longer capable of making reasonable judgements or decisions with regard to the management or administration of any or all parts of my estate will be conclusive proof of such event for the purposes of associated conditions precedent in this document.

My Attorney-in-fact shall have the authority to choose the physician.

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. Government Benefits**

My Attorney-in-fact shall have the authority to act on my behalf in all matters which affect my right to allowances, reimbursements and/or compensation payable to me by the Government of the United States or any agency or department thereof.

_____ **3. Retirement Plan Transactions**

My Attorney-in-fact shall have the authority to act on my behalf in all matters concerning my retirement savings and pension plans (including, without limitation, tax qualified or nonqualified pensions, stock bonuses, deferred compensation plans, individual retirement accounts, and any type of employee benefit plan). These powers include, but are not limited to:

1. The authority to continue contributions in whatever amounts my Attorney-in-fact deems prudent.
2. The authority to change investment strategies, including making rollover payments to another retirement plan or account.
3. The authority to manage and receive payouts.
4. The authority to add or change existing beneficiaries, providing that my Attorney-in-fact does NOT add himself or

herself as a beneficiary after the execution of this instrument.

4. 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.

5. Claims and Litigation

My Attorney-in-fact shall have the authority to initiate, maintain, arbitrate, defend, settle or otherwise manage and dispose of (including the right to

receive or pay any resulting settlement), any and all actions, suits or other legal proceedings against me or on my behalf and, in general, exercise all other powers with respect to claims and litigation which I otherwise could if personally present and under no disability.

6. 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.

_____ **7. Employ Required Professionals**

My Attorney-in-fact shall have the authority to employ any companions, nurses, physicians, agents, consultants, or any other persons for the care of myself and my family (including, but not limited to, my spouse, dependent children and others whom I have decided to care for). I also authorize my Attorney-in-fact to employ any servants, accountants, attorneys, clerks, workmen, and any other persons for the management, administration, protection, and maintenance of my property and estate. The above mentioned employees may be employed for such a duration, and compensated at such a rate, as my My Attorney-in-fact deems appropriate.

_____ **8. Additional Power #1**

Lorem ipsum aliquam velit elementum, et luctus leo eget, sapien habitant arcu.

_____ **9. Additional Power #2**

Lorem ipsum felis porttitor euismod malesuada congue, habitasse mi aenean maecenas lacus.

10. Attorney-in-fact Compensation

I shall compensate my Attorney-in-fact as follows:

1. I will reimburse my Attorney-in-fact for all out-of-pocket expenses incurred as a result of carrying out the directives herein; and
2. Lorem ipsum etiam sed at, auctor velit.

11. Personal Gain from Managing My Affairs

My Attorney-in-fact is not allowed to personally gain from any transaction he or she may complete on my behalf.

12. Co-owning of Assets and Mixing of Funds

I do NOT permit my Attorney-in-fact to mix any of his or her funds with mine, and, as far as possible, my assets should remain separately owned.

13. 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 six months following my incapacitation, and will continue at six month intervals so long as this instrument is in effect. These reports should be sent to 7903 Hobnail Court within one month of the due date.

14. Attorney-in-fact Restrictions

This Power of Attorney is subject to the following conditions or restrictions:

1. Lorem ipsum molestie habitasse duis blandit, aptent malesuada convallis.
2. Lorem ipsum curae mauris congue dolor, commodo turpis felis.
3. Lorem ipsum auctor aliquam, euismod luctus lorem justo, commodo hendrerit.

15. 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.

16. 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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17. Acknowledgment

As the Principal named in this Power of Attorney, I, Crista Jackson, hereby acknowledge:

1. I have read and understand the nature and effect of this Durable Power of Attorney.
2. I recognize that this document gives my Attorney-in-fact broad powers over my assets, and that these powers will remain in effect should I become incapacitated.
3. I am of the legal age in New York to grant a Power of Attorney.
4. I am giving this Durable Power of Attorney of my own free will, and recognize that the powers outlined in this instrument will become effective under the circumstances specified within.

IN WITNESS WHEREOF I hereunto sign my name at the City of Temecula, in the Province of Nova Scotia, this 11th of September, 2004.

Crista Jackson

SIGNED, SEALED, AND DELIVERED
in the presence of:

WITNESS:

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 Crista Jackson dated this 11th of September, 2004.
2. I am an adult of sound mind, with the capacity to witness the execution of this Power of Attorney.
3. In my opinion, Crista Jackson 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 Crista Jackson dated this 11th of September, 2004.
2. I am an adult of sound mind, with the capacity to witness the execution of this Power of Attorney.
3. In my opinion, Crista Jackson 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

Temecula
Nova Scotia

On this 11th day of September, 2004, before me, personally appeared Crista Jackson, 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.

Notary Public

(print name)

My commission expires:

PHYSICIAN'S AFFIDAVIT

Country: _____

State/Province/Territory: _____

County: _____

Before me, the undersigned authority, personally appeared
_____ (physician) (the 'Affiant'), who swore or affirmed that:

1. Affiant is a physician licensed to practice medicine in
_____.
2. Affiant is the primary physician who has responsibility for the treatment and care of Crista Jackson.
3. To the best of Affiant's knowledge after reasonable inquiry, Affiant believes that the Principal lacks the capacity to manage property, including taking those actions necessary to obtain, administer, and dispose of real and personal property, intangible property, business property, benefits, and income.

(Affiant)

Sworn to (or affirmed) and subscribed before me this _____ day of
_____, _____.

_____ Notary Public

_____ Commissioned Name of Notary Public

Personally known OR Produced Identification: _____

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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