
Enduring Power of Attorney

by Documatica Legal Forms Inc.

I, Alane Gore, currently residing at 7865 Clark Alley, Nanaimo, in Canada, hereby execute THIS ENDURING POWER OF ATTORNEY, on this 4th day of August, 1998.

1. Nature of Power

THIS IS AN ENDURING POWER OF ATTORNEY and the authority of my Attorney 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 with written notice.

2. Previous Power of Attorney

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

3. Attorneys

I HEREBY APPOINT Blythe Hutson of 4675 Lockhart Street, Medicine Hat, Guam, to act as my Attorney.

4. Governing Legislation

I direct my Attorney to act in accordance with the Powers of Attorney Act of -1 as may be amended from time to time, at any time when he or she is acting on my behalf.

5. Effective Date

This instrument will take effect immediately upon execution, and, once executed, will remain in effect regardless of whether I become incapacitated.

6. Loss of Capability

The written declaration of two (2) medical doctors licensed to practice in -1 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 -1 then the written declaration of two (2) medical doctors 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 shall have the authority to choose the physicians.

7. Powers of Attorney

My Attorney has authority to do anything on my behalf that I may lawfully do by an attorney (the 'general power').

8. Attorney Compensation

I shall compensate my Attorney as follows:

1. I will reimburse my Attorney for all out-of-pocket expenses incurred as a result of carrying out the directives herein; and

2. Lorem ipsum nibh imperdiet malesuada, suspendisse in nostra.

9. Preparation of Financial Reports

I direct my Attorney 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 1695 Springwater within one month of the due date.

10. Attorney Restrictions

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

11. 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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12. Acknowledgment

As the Donor named in this Power of Attorney, I, Alane Gore, hereby acknowledge:

1. I have read and understand the nature and effect of this Enduring Power of Attorney.
2. I recognize that this document gives my Attorney 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 -1 to grant a Power of Attorney.
4. I am giving this Enduring 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 Belleville, in the Territory of the U.S. Virgin Islands, this 4th of August, 1998.

Alane Gore

SIGNED, SEALED, AND DELIVERED
in the presence of:

WITNESS:

AFFIDAVIT OF EXECUTION

Province of Nova Scotia

TO WIT:

I, _____, of the City/Town of _____, in the
Province of _____ MAKE OATH AND SAY THAT:

- A. I witnessed the signing of the attached Power of Attorney by Alane Gore, who is known to me to be the person named therein, duly sign the instrument.
- B. The instrument was signed at the City/Town of Belleville, in the Territory of the U.S. Virgin Islands and I am the subscribing witness thereto.
- C. I am not the Attorney named in the instrument nor his or her spouse.
- D. I am not the spouse of Alane Gore.
- E. Alane Gore was personally present and witnessed my signing of this instrument.
- F. In my opinion, Alane Gore understood the nature and effect of this Power of Attorney at the time of its execution, and signed it voluntarily without any compulsion or influence from any person.
- G. I BELIEVE that the Donor, Attorney(s), and Alternate Attorney(s) named in the instrument, are at least the age of majority in the Territory of the U.S. Virgin Islands.

SWORN BEFORE ME at the City/Town of Belleville in the Territory of the U.S. Virgin Islands this 4th day of August, 1998.

(Witness)

A Notary Public in and for the Territory of the U.S. Virgin Islands.

ACKNOWLEDGEMENT

On this 4th day of August, 1998, before me, personally appeared Alane Gore, 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.

My commission expires:

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 Canadian jurisdictions, a Power of Attorney which grants power over land or real estate must be signed in front of a Notary Public or Commissioner for Oaths. Alternately, an Affidavit of Execution declaring that the above procedure was followed can be sworn by a witness in front of a Notary Public or Commissioner for Oaths. 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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