

**DURABLE GENERAL POWER OF ATTORNEY  
(NEW YORK STATUTORY SHORT FORM)**

**THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD YOU BECOME  
DISABLED OR INCOMPETENT**

**Caution: This Is an Important document. It gives the person whom you designate (your "Agent") broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you. These powers will continue to exist even after you become disabled or incompetent. These powers are explained more fully In New York General Obligations Law, Article 5, Title 15, Sections 5-1502A through 5-1503, which expressly permit the use of any other or different form of power of attorney.**

**This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy to do this.**

**If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.**

THIS is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, \_\_\_\_\_ do hereby  
appoint: \_\_\_\_\_

(insert your name and address)

(If 1 person is to be appointed agent, insert the name and address of your agent above)

(If 2 or more persons are to be appointed agents by you insert their names and addresses above)

my attorney(s)-in-fact TO ACT

(If more than one agent is designated, CHOOSE ONE of the following two choices by putting your initials in ONE of the blank spaces to the left of your choice)

[ ] Each agent may SEPARATELY act. [ ] All agents must act TOGETHER.

(If neither blank space is initialed, the agents will be required to act TOGETHER)

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

**(DIRECTIONS: Initial In the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT Initialed, NO AUTHORITY WILL BE GRANTED for matters that are Included In that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line In subdivision "(Q)", and you may then put your Initials In the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated.)**

- |   |  |
|---|--|
| [ ] (A) real estate transactions;               | [ ] (M) making gifts to my spouse, children and more remote descendants, and, parents not to exceed in the aggregate \$10,000 to each of such persons in any year;                 |
| [ ] (B) chattel and goods transactions;         | [ ] (N) tax matters;   |
| [ ] (C) bond, share and commodity transactions; | [ ] (O) all other matters;   |
| [ ] (D) banking transactions;                   | [ ] (P) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select; |
| [ ] (E) business operating transactions;        | [ ] (Q) each of the above matters identified by the following letters: _____   |
| [ ] (F) insurance transactions;                 |  |
| [ ] (G) estate transactions;                    |  |
| [ ] (H) claims and litigation;                  |  |
| [ ] (I) personal relationships and affairs;     |  |
| [ ] (J) benefits from military service;         |  |
| [ ] (K) records, reports and statements;        |  |
| [ ] (L) retirement benefit transactions;        |  |

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of Section 5-1503 of the New York General Obligations Law.)

This Durable Power of Attorney shall not be affected by my subsequent disability or incompetence.  
If every agent named above is unable or unwilling to serve, I appoint

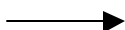
(insert name and address of successor)

to be my agent for all purposes hereunder.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

This Durable General Power of Attorney may be revoked by me at any time.

**IN WITNESS WHEREOF**, I have hereunto signed my name this \_\_\_\_\_ day of \_\_\_\_\_



(You sign here:)

\_\_\_\_\_  
(Signature of Principal)

**ACKNOWLEDGEMENT TAKEN IN NEW YORK STATE**

State of New York, County of \_\_\_\_\_, ss:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, personally appeared

\_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_

**ACKNOWLEDGEMENT BY SUBSCRIBING WITNESS TAKEN IN NEW YORK STATE**

State of New York, County of \_\_\_\_\_, ss:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, the subscribing witness to the foregoing instrument, with whom I am personally acquainted, who, being by me duly sworn, did depose and say that he/she/they reside(s) in

(if the place of residence is in a city, include the street and street number if any, thereof); that he/she/they know(s)

to be the individual described in and who executed the foregoing instrument; that said subscribing witness was present and saw said

execute the same; and that said witness at the same time subscribed his/her/their name(s) as a witness thereto

\_\_\_\_\_

**Title No.**

**TO**

**RG Agency  
Excellence in Title Insurance Since 1956  
PO Box 431  
Peekskill, NY 10566  
(800) 427-CLOSE**

**ACKNOWLEDGEMENT TAKEN IN NEW YORK STATE**

State of New York, County of \_\_\_\_\_, ss:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned, personally appeared

\_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_

**ACKNOWLEDGEMENT TAKEN OUTSIDE NEW YORK STATE**

\*State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

\*(Or insert District of Columbia, Territory, Possession or Foreign County)

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me the undersigned personally appeared

Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), that by his/her/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual make such appearance before the undersigned in the

(add the city or political subdivision and the state or country or other place the acknowledgement was taken).

\_\_\_\_\_

SECTION:

BLOCK:

LOT:

COUNTY OR TOWN:

**RETURN BY MAIL TO:**

\_\_\_\_\_