

STATUTORY SHORT FORM POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DEFINED IN CHAPTER 32A OF THE NORTH CAROLINA GENERAL STATUTES WHICH EXPRESSLY PERMITS THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY DESIRED BY THE PARTIES CONCERNED.

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, appoint _____ to be my attorney-in-fact, to act in my name in any way which I could act for myself, with respect to the following matters as each of them is defined in Chapter 32A of the North Carolina General Statutes. (DIRECTIONS: INITIAL THE LINE OPPOSITE ANY ONE OR MORE OF THE SUBDIVISIONS AS TO WHICH THE PRINCIPAL DESIRES TO GIVE THE ATTORNEY-IN-FACT AUTHORITY)

- (1) real property transactions; _____
- (2) personal property transactions; _____
- (3) bond, share, stock, securities and commodity transactions; _____
- (4) banking transactions; _____
- (5) safe deposits; _____
- (6) business operating transactions; _____
- (7) insurance transactions; _____
- (8) estate transactions; _____
- (9) personal relationships and affairs; _____
- (10) social security and unemployment; _____
- (11) benefits from military service; _____
- (12) tax matters; _____
- (13) employment of agents; _____
- (14) gifts to charities, and to individuals other than the attorney-in-fact; _____
- (15) gifts to the named attorney-in-fact; _____

(If power of substitution and revocation is to be given, add: >I also give to such person full power to appoint another to act as my attorney-in-fact and full power to revoke such appointment.=)

(If period of power of attorney is to be limited, add: >This power terminates.....,=)

(If power of attorney is to be a durable power of attorney under the provision of Article 2 of Chapter 32A and is to continue in effect after the incapacity or mental incompetence of the principal, add: >This power of attorney shall not be affected by my subsequent incapacity or mental incompetence.=)

(If power of attorney is to take effect only after the incapacity or mental incompetence of the principal, add: >This power of attorney shall become effective after I become incapacitated or mentally incompetent.=)

(If power of attorney is to be effective to terminate or direct the administration of a custodial trust created under the Uniform Custodial Trust Act, add: >In the event of my subsequent incapacity or mental incompetence, the attorney-in-fact of this power of attorney shall have the power to terminate or to direct the administration of any custodial trust of which I am the beneficiary.=)

(If power of attorney is to be effective to determine whether a beneficiary under the Uniform Custodial Trust Act is incapacitated or ceases to be incapacitated, add: >The attorney-in-fact of this power of attorney shall have the power to determine whether I am incapacitated or whether my incapacity has ceased for the purposes of any custodial trust of which I am the beneficiary.=)

Dated this ____ day of _____, 20__.

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF _____

On this ____ day of _____, 20__, personally appeared before me, the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he acknowledged that he executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public

My Commission Expires: _____