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FINANCIAL POWER OF ATTORNEY FORM

I, _____, residing at _____,
_____ appoint _____, residing at _____,
_____ as my agent (attorney-in-fact) to act for me in any
lawful way starting from _____ and until _____ with respect to the following
subjects:

Real Property Transactions

Tangible personal property transactions

Stock and bond transactions

Commodity and option transactions

Banking and other financial institution transactions

Business operating transactions

Insurance and annuity transactions

Estate, trust, and other beneficiary transactions

Claims and litigation

Benefits from social security, medicare, medicaid, or other governmental programs or civil or military service

Retirement plan transactions

Tax matters

ALL OF THE POWERS LISTED ABOVE

SPECIAL INSTRUCTIONS

On the following lines, you may give special instructions limiting or extending the powers granted to your agent(s).

This power of attorney _____ continue to be effective even though I become incapacitated.

If I have designated more than one agent, the agents are to act _____.

I hereby agree that any third party who receives a copy of this document may act under it. Revocation of this power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the thir party because of reliance on this power of attorney.

Please note that signatory requirements may vary regarding each state. Please fill the form in accordance with the relevant state's signatory requirements.

Signed this _____ day of _____, _____.

(Principal's Signature)

State of _____, County of _____.

Full Name of Witness 2 (If Applicable)

Full Name of Witness 2 (If Applicable)

Address of Witness 2 (if applicable)

Address of Witness 2 (if applicable)

Signature

Signature

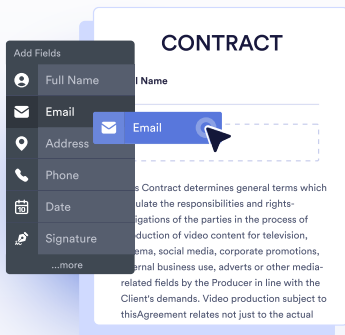


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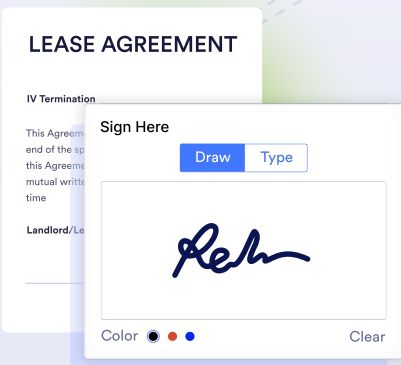
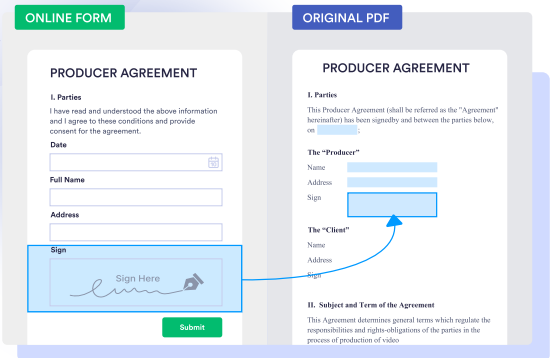
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