

Durable General Power of Attorney

of

Bradley Michael Anderson

(The Principal)

Dated this 17th day of July 2020

EstateBee

www.estate-bee.com

Durable General Power of Attorney

1. I, Bradley Michael Anderson of 12 River View, New York aged eighteen years and upwards hereby appoint Michelle Powell of 95 Lexington Ave, Morristown, NJ 12345, as my lawfully appointed attorney in fact (referred to as the "Agent") on and subject to the terms and conditions set out below. If for any reason this person shall be unable or unwilling to act as my Agent, I hereby appoint James Powell of 95 Lexington Ave, Morristown, NJ 12345 to act as my Agent instead subject to the terms and conditions set out herein.
2. This durable power of attorney shall apply for financial and property applications only and shall not be affected by my subsequent disability or incapacity; and, once effective, shall remain effective until my death, or until revoked by me in writing.
3. I direct that this durable power of attorney shall become effective only in the event that I become mentally incapacitated or disabled so that as a result I am not able to manage my financial affairs in which case it shall become effective as of the date of the written statement to be provided by a physician pursuant to the terms of this Clause 3. If this power of attorney becomes effective, it shall remain effective during any period in which I am incapacitated or disabled until my death, or until revoked by me in writing during a subsequent period of lucidity or non-incapacitation.
4. The determination of whether I have become incapacitated or disabled so that I am not able to manage my financial affairs shall be made in writing by a licensed physician; if practical, this physician shall be James Henderson of St Michael Hospital, Morristown, NJ 12345 or failing him/her any licensed physician having been at least ten years in practice.
5. In the event that a licensed physician has made a written determination pursuant to this Clause 4 that I have become incapacitated or disabled and as a result unable to manage my own financial affairs, such written statement shall be attached to the original of this Power of Attorney.
6. I hereby grant (subject to the provisions of Clause 7) my Agent full power and authority over all my finances and property, both real and personal, and authorize my Agent to do and perform each and every act which I could do or[Deliberately left blank].
7. [Deliberately left blank]

8. Without prejudice to the provisions of Clause [4] but subject always to the provisions of Clause [6], my Agent's powers shall include, but shall not be limited to, the power to:

a. Real property transactions

b. receive from any person, to retain and to invest and reinvest in any kind of property or investment; to dispose of any property or any interest therein at such times and upon such terms and conditions as shall seem proper and to give good and sufficient instruments of transfer and to receive the proceeds of any such disposition; to purchase, manage, maintain and insure any property and to lease the same for such periods and on such terms as shall seem advantageous, and if advisable to pay for the value of any improvements made by a tenant under any such lease; to incur, extend or renew mortgage indebtedness; to make ordinary and extraordinary repairs and alterations to any building, to raze or erect buildings and to make.....
[Deliberately Left Blank];

c. Personal property transactions

buy, sell, mortgage, hypothecate, assign, transfer, grant options over and deal with all my personal property, tangible or intangible; and to manage, improve, repair and lease same; and to make, do, and transact all and every kind of business of whatever nature in respect thereto; and in each case in such manner and on such terms as my agent deems proper;

d. **[Deliberately Left Blank]**

9. This power of attorney will be governed by the laws of the State of New York without regard for conflicts of laws principles and is intended to be valid in all jurisdictions of the United States of America and all foreign nations.

Executed this 17th day of July 2020, at 12 River View, New York.

The Principal

Witness Affidavit

I declare, on the basis of information and belief, that the person who signed or acknowledged this document (the principal) is personally known to me, that he/she signed or acknowledged this Power of Attorney in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence. I am not related to the principal by blood, marriage, or adoption, either as a spouse, a lineal ancestor, descendant of the parents of the principal, or spouse of any of them. I am not directly financially responsible for the principal's medical care. I am not entitled to any portion of the principal's estate upon his/her decease, whether under any Will or as an heir by intestate succession, nor am I the beneficiary of an insurance policy on the principal's life, nor do I have a claim against the principal's estate as of this time. I am not the principal's attending physician, nor an employee of the attending physician. No more than one witness is an employee of a health facility in which the principal is a patient. I am not appointed as Healthcare Agent or Successor Healthcare Agent by this document.

Witness No. 1

Signature: _____
Date: _____
Print Name: _____
Telephone: _____
Residence Address: _____

Witness No. 2

Signature: _____
Date: _____
Print Name: _____
Telephone: _____

Residence Address: _____

Notary Affidavit

State of _____ County of _____

On _____ before me, _____, a notary public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument he/she executed the instrument. I certify under PENALTY OF PERJURY that the foregoing is true and correct. Witness my hand and official seal.

Signature: _____

Print Name: _____

My commission expires on: _____

(Seal)

Sample

Preparation Statement

This document was prepared by the following individual:

Print Name

Signature

Sample

Acknowledgment of Agent

By accepting or acting under the appointment, the agent assumes the fiduciary and other legal responsibilities of an agent.

Print Name of Agent

Signature of Agent

Sample

Agent's Acceptance of Appointment

(For Use in Georgia Only)

1. I, _____ (print name), have read the foregoing Power of Attorney and am the person identified therein as Agent for _____ (name of grantor of power of attorney), the Principal named therein. I hereby acknowledge the following:
 - a. I owe a duty of loyalty and good faith to the Principal and must use the powers granted to me only for the benefit of the Principal.
 - b. I must keep the Principal's funds and other assets separate and apart from my funds and other assets and titled in the name of the Principal. I must not transfer title to any of the Principal's funds or other assets into my name alone. My name must not be added to the title of any funds or other assets of the Principal, unless I am specifically designated as Agent for the Principal in the title.
 - c. I must protect, conserve, and exercise prudence and caution in my dealings with the Principal's funds and other assets.
 - d. I must keep a full and accurate record of my acts, receipts, and disbursements on behalf of the Principal, and be ready to account to the Principal for such acts, receipts, and disbursements at all times. I must provide an annual accounting to the Principal of my acts, receipts, and disbursements, and must furnish an accounting of such acts, receipts, and disbursements to the personal representative of the Principal's estate within 90 days after the date of death of the Principal.
2. I have read the paragraph relating to compensation of agents in the Power of Attorney and agree to abide by it.
3. I acknowledge my authority to act on behalf of the Principal ceases at the death of the Principal.
4. I hereby accept the foregoing appointment as Agent for the Principal with full knowledge of the responsibilities imposed on me, and I will faithfully carry out my duties to the best of my ability.

Dated: _____, ____.

(Signature) _____

(Address) _____

Note: A notarized signature is not required unless the Principal has included instructions regarding property transactions.

I, _____, a Notary Public, do hereby certify that
_____ personally appeared before me this date and
acknowledged the due execution of the foregoing Acceptance of Appointment.

Notary Public

Sample