

GENERAL DURABLE POWER OF ATTORNEY

I, _____, of _____, _____ County, Oklahoma, whose Social Security Number is _____, hereby appoint my _____, _____, at the address of _____ as my attorney-in-fact. If my attorney-in-fact dies, ceases to act, refuses or is unable to serve, or resigns, I hereby designate and appoint _____, at the address of _____ as my alternate or successor attorney-in-fact.

1. **Springing Power.** The grant of powers herein made shall be effective if, in the written opinion of _____, of _____, Oklahoma, or if he/she is unwilling or unable, in the written opinion of two independent licensed physicians, I become incapacitated or disabled to the extent that I am unable to make well-reasoned decisions regarding the care and management of my property. In such event, a copy of such written opinion(s) shall be attached to the original or a photocopy of this Durable General Power of Attorney.

2. **Restriction of Attorney-in-Fact.** Any attorney-in-fact named in this power of attorney may resign by giving notice thereof in writing ten (10) days in advance of the effective date of such resignation. Such notice shall be delivered to the next named successor attorney-in-fact under this Power. No resigning attorney-in-fact shall incur any liability by reason of such resignation as to any matter pending at the time of the notice as to which the successor attorney-in-fact accepts responsibility.

3. **General Grant of Power.** All attorneys-in-fact named herein (hereinafter referred to as my agent within the body of this instrument) shall have the following powers to be exercised in my name and for my benefit: To exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or property, real or personal, tangible or intangible, now owned or hereafter acquired by me, including without limitation, the following specifically enumerated powers. I grant to my agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my agent shall lawfully do or cause to be done by virtue of this power of attorney and the powers herein granted.

4. **Personal and Medical Care.** To make each and every judgment necessary for the proper and adequate care and custody of me; to fire, employ, pay for and discharge such domestic help, nursing services, and practical and/or registered nurses as my agent may determine to be in the best interest of my health; to give an Informed consent or an informed refusal on my behalf with

respect to my physical and mental health care and comfort, including, specifically, by way of illustration, only, and not by way of limitation

a. any medical care, diagnosis, surgical procedure, therapeutic procedure and/or other treatment of any type or nature;

b. any physical rehabilitation program;

c. any dental procedure;

d. any psychiatric or psychological care or treatment;

e. admission to any hospital, medical center, nursing home, or mental institution;

f. uses of any drug, medication, therapeutic device, or other medicines or items related to my health;

g. execution of waivers, medical authorizations and such other approval as may be required to permit or authorize care which I may need or obtain access to or disclose my personal health information: and

h. waiver of any doctor-patient privilege; and the power in general to take and authorize all acts with respect to my health and well being, and to expend all amounts in connection therewith, to the same extent as I could if mentally competent to do so.

The prices, costs, expenses and compensation incurred in furtherance of the foregoing are all to be within the sole and absolute discretion of my agent.

5. **Restrictions on Agent's Powers.**

a. My agent cannot execute a will or codicil on my behalf.

b. My agent cannot execute any trust on my behalf; however, my agent can enter into a custodial agreement with a bank with trust powers.

c. My agent cannot divert my assets to my agent or to the creditors or estate of my agent.

d. My agent shall not exercise, and shall not be vested with, any incidents of ownership as to insurance policies insuring my agent's life owned by me.

e. My agent is a fiduciary, possessing no general or limited power of appointment.

f. My agent cannot execute on my behalf an Advanced Directive for Health Care, Living Will, or other document purporting to authorize life sustaining treatment decisions.

g. My agent shall not exercise any powers which I have received from my agent in a fiduciary capacity, and my agent shall have no authority to exercise any powers, the exercise of which would cause assets of mine to be considered as taxable in my agent's estate for the purposes of the federal estate tax or the Oklahoma estate tax.

h. My agent shall not engage in any act which would constitute self-dealing, unless such act is specifically approved prospectively or ratified retrospectively during my lifetime by all those persons who, at the time such approval or ratification is given, would be my heirs-at-law if I had died immediately prior to the time of such approval or ratification and a resident of the State of Oklahoma or unless such act is specifically approved after my death by the personal representative of my estate. No guardian or conservator shall have the power to approve or ratify any act of self-dealing by my agent

IN WITNESS WHEREOF, I have signed and delivered this Durable General Power of Attorney this _____ day of _____, 20__.

, Principal

Residence: _____, _____ County, Oklahoma

The principal is personally known to me and I believe the principal to be of sound mind. I am eighteen (18) years of age or older. I am not related to the principal by blood or marriage or related to the attorney-in-fact, or anyone related to the attorney-in- fact, by blood or marriage. The principal has declared to me that this instrument is the principal's power of attorney granting to the named attorney-in-fact the power and authority specified herein, and that the principal has willingly made and executed it as the principal's free and voluntary act for the purposes herein expressed.

Witness: _____

Witness: _____

STATE OF OKLAHOMA)
) SS.
COUNTY OF)

Before me, the undersigned authority, on this _____ day of _____, 20____, personally appeared _____ (principal), _____, (witness) and _____ (witness), whose names are subscribed to the foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the principal declared to me and to the said witnesses in my presence that the instrument is his or her power of attorney, and that the principal has willingly and voluntarily made and executed it as the free act and deed of the principal for the purposes therein expressed, and the witnesses declared to me that they were each eighteen (18) years of age or over, and that neither of them is related to the principal by blood or marriage, or related to the attorney-in-fact, or anyone related to the attorney-in-fact, by blood or marriage.

_____ Notary Public

My Commission Expires _____

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