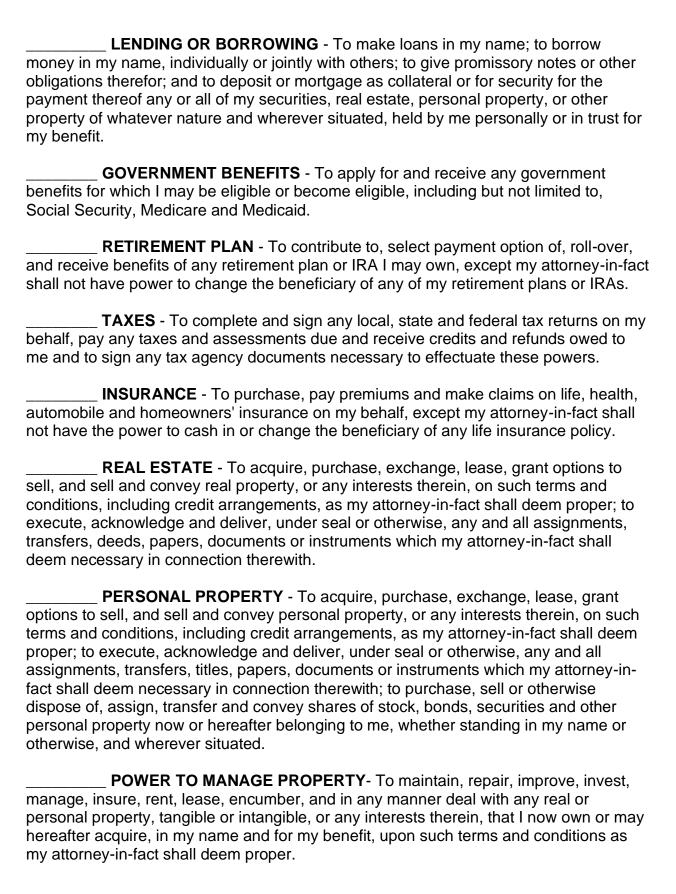
LOUISIANA DURABLE POWER OF ATTORNEY

On the day of	, 20	I,	, the
principal, of	, State of		, hereby designate
on the day of principal, of, of		_, State of	, my
attorney-in-fact (hereinafter min my stead and for my benef I may have executed in the page 1.5.	ny "attorney-in-fact" it, hereby revoking a), to act as initi	aled below, in my name,
	EFFECTIVE D	DATE	
(Choose the applicable parag	raph by placing you	ur initials in the	preceding space)
A. I grant my atto the execution of this documer disability or incapacity I may e	nt. These powers sh	hall not be affe	
or			
B. I grant my atto been determined in writing, by handle my financial affairs.			nerein only when it has n unable to properly
PO	WERS OF ATTORI	NEY-IN-FACT	
My attorney-in-fact shall exergiduciary. My attorney-in-fact s	•		nd for my welfare, as a
(Choose the applicable powe	r(s) by placing your	initials in the p	oreceding space)
BANKING - To reconsist withdraw funds by check or or personal and business expensact's powers, my attorney-insigned by such banking institutions.	therwise to pay for ses for my benefit. fact is authorized to	goods, service If necessary to	o effect my attorney-in-
SAFE DEPOSIT B deposit box rented by me or t including drilling, if necessary to surrender or relinquish said safe-deposit box may be loca	o which I may have , and to remove all d safe-deposit box;	e access, where or any part of t and any institu	the contents thereof, and ution in which any such
result of permitting my attorned			•







GIFTS - To make gifts, grants, or other transfers (including the forgiveness
of indebtedness and the completion of any charitable pledges I may have made) withou
consideration, either outright or in trust to such person(s) (including my attorney-in-fact
hereunder) or organizations as my attorney-in-fact shall select, including, without
limitation, the following actions: (a) transfer by gift in advancement of a bequest or
devise to beneficiaries under my will or in the absence of a will to my spouse and
descendants in whatever degree; and (b) release of any life interest, or waiver,
renunciation, disclaimer, or declination of any gift to me by will, deed, or trust
LEGAL ADVICE AND PROCEEDINGS - To obtain and pay for legal advice,
to initiate or defend legal and administrative proceedings on my behalf, including actions
against third parties who refuse, without cause, to honor this instrument.
SPECIAL INSTRUCTIONS: On the following lines are any special instructions limiting
or extending the powers I give to my attorney-in-fact (Write "None" if no additional
instructions are given):

AUTHORITY OF ATTORNEY-IN-FACT: Any party dealing with my attorney-in-fact hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my attorney-in-fact as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my attorney-in-fact or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my attorney-in-fact shall lawfully do under this instrument. My attorney-in-fact is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.

LIABILITY OF ATTORNEY-IN-FACT: My attorney-in-fact shall not incur any liability to me under this power except for a breach of fiduciary duty.

REIMBURSEMENT OF ATTORNEY-IN-FACT: My attorney-in-fact is entitled to reimbursement for reasonable expenses incurred in exercising powers hereunder, and to reasonable compensation for services provided as attorney-in-fact.

AMENDMENT AND REVOCATION: I can amend or revoke this power of attorney through a writing delivered to my attorney-in-fact. Any amendment or revocation is ineffective as to a third party until such third party has notice of such revocation or amendment.

STATE LAW: This Power o	f Attorney is g	overned by	the laws of the	State of



originals.		
IN WITNESS WHEREOF, I have on this executed this Financial Power of Attorney.	day of	, 20,
Principal's Signature		
We, the witnesses, each do hereby declare principal signed and executed this instrume principal signed it willingly, that each of us hwitness at the request of the principal and in best of our knowledge, the principal is eight and under no constraint or undue influence	ent in the presence of nereby signs this Po n the principal's pre teen years of age o	of each of us, that the ower of Attorney as esence, and that, to the
Witness's Signature		
Address		
Witness's Signature		
Address		
STATE OF		
Parish, ss.		
On this day of, as Principal of th through government issued photo identifica presence executed foregoing instrument ar same as his/her free act and deed.	is Power of Attorne tion to be the above	y who proved to me e-named person, in my
Notar	y Public	
Му	commission expire	es:

PHOTOCOPIES: Photocopies of this document can be relied upon as though they were



SPECIMEN SIGNATURE AND ACCEPTANCE OF APPOINTMENT

I,, the attor	rney-in-fact named above, hereby accept
appointment as attorney-in-fact in ac	ccordance with the foregoing instrument.
	Attorney-in-Fact's Signature
STATE OF	
51A1E 61	
Parish, ss.	
On this day of	, 20, before me appeared
, as Attorne	ey-in-Fact of this Power of Attorney who proved to o identification to be the above-named person, in
	acceptance of appointment and acknowledged
that (s)he executed the same as his	, , , , , , , , , , , , , , , , , , , ,
	Notary Public
	My commission expires:

