CONNECTICUT GENERAL POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DEFINED IN CONNECTICUT STATUTORY SHORT POWER OF ATTORNEY ACT, SECTIONS 1-42 TO 1-56, INCLUSIVE, OF THE GENERAL STATUTES, WHICH EXPRESSLY PERMITS THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY DESIRED BY THE PARTIES CONCERNED.

KNOW ALL MEN BY THESE PRESENTS: That I,_____, of the Town of_____, Connecticut, do hereby appoint_____, of the Town of_____, County of_____and State of Connecticut my attorney-in-fact TO ACT, severally:

First: In my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in the Connecticut Statutory Short Form Power of Attorney Act to the extent that I am permitted by law to act through an agent:

Strike out and initial in the opposite box any one or more of the subdivisions as to which the principal does NOT desire to give the agent authority. Such elimination of any one or more of subdivisions (A) to (K), inclusive, shall automatically constitute an elimination also of subdivision (L).]

TO STRIKE OUT ANY SUBDIVISION THE PRINCIPAL MUST DRAW A LINE THROUGH THE TEXT OF THAT SUBDIVISION AND WRITE HIS/HER INITIALS IN THE BOX OPPOSITE.

A.	real estate transactions;	[ ]	G.	estate transactions;	[ ]
B.	chattel and goods transactions;	[ ]	H.	claims and litigation;	[ ]
C.	bond, share and commodity transactions	[ ]	I.	personal relationships and affairs;	[ ]
D.	banking transactions;	[ ]	J.	benefits from military service;	[ ]
E.	business operating transactions;	[ ]	K.	records, reports and statements;	[ ]
F.	insurance transactions;	[ ]	L.	all other matters;	[ ]

[*Special provisions and limitations may be included in the statutory short form power of attorney only if they conform to the requirements of the Connecticut Statutory Short Form Power of Attorney Act.*]

with full and unqualified authority to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select.

Second: I hereby ratify and confirm all that said attorney(s) or substitute(s) do or cause to be done.

Third: To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

THIS POWER OF ATTORNEY SHALL BE VOID BY MY SUBSEQUENT DISABILITY OR INCOMPETENCE.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my seal, this ___ day of _____, 20____.

Signed and sealed in the presence of:

_____
Witness
Address of Witness:

_____
Witness
Address of Witness:

STATE OF CONNECTICUT)
) ss:
COUNTY OF_____)

The Principal who executed this Power of Attorney personally appeared before me on the date set forth above and acknowledge the same to be said Principal's free act and deed.

_____
NOTARY PUBLIC
My Commission Expires: