

Kentucky Power of Attorney

Power of Attorney Effective Date: ____/____/____

I, _____ (Legal Name)

A resident of _____ (City), Kentucky

Located at _____ (Address, City, State, Zip Code)

Do Hereby Appoint, _____ (Legal Name)

A resident of _____ (City), Kentucky

Located at _____ (Address, City, State, Zip Code)

As my attorney-in-fact.

My attorney-in-fact may act on my behalf for the following purpose(s): (INITIAL)

Real Estate Transactions

Stock and Bond Transactions

Commodity and Option Transactions

Tangible Personal Property Transactions

Banking and Other Financial Institution Transactions

Business Operating Transactions

Insurance and Annuity Transactions

Estate, Trust and Other Beneficiary Transactions

Claims and Litigation

Personal and Family Maintenance

Benefits from Social Security, Medicare, Medicaid or Other Government Programs

Retirement Plan Transactions



Tax Matters, including any transactions with the Internal Revenue Service

Decisions Regarding Lifesaving and Life Prolonging Medical Treatment.

Decisions Relating to Medical Treatment, Surgical Treatment, Nursing Care, Medication, Hospitalization, Institutionalization in a nursing home or other facility and home health care.

Transfer of Property or Income as a Gift to the Principal's Spouse for the purpose of qualifying the principal for governmental medical assistance.

ALL OF THE ABOVE POWERS, INCLUDING FINANCIAL AND HEALTH CARE DECISIONS. This power of attorney shall take effect on the above mentioned effective date and will continue indefinitely or until revoked by me or by my death.

I do hereby grant my attorney in fact complete authority to act in any reasonable manner that is necessary to execute the above mentioned powers that are granted.

I agree that any third party who is given a copy of this power of attorney may act relying on it. I also agree that revocation of this power of attorney is effective as to a third party only upon receipt of actual notice by the third party. I agree to indemnify the third party for any loss that may be suffered while carrying out this power of attorney.

Signature & Acknowledgment

This contract shall be governed by the laws of the State of Kentucky in _____ County and any applicable Federal Law.

Date
Signature

By accepting this appointment and acting under it, I the attorney-in-fact ("Agent") do hereby assume the legal responsibilities of an agent.

Date
Signature of Attorney-in-Fact

WITNESS #1) _____

WITNESS #2) _____
