

**THIS IS A FORM OF LEGAL DOCUMENT.
LEGAL OR OTHER PROFESSIONAL COUNSEL
SHOULD BE CONSULTED BEFORE SIGNING.**

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT, that I, _____,
Social Security Number _____, of _____ County, Kentucky,
revoke all previous powers of attorney made by me, and hereby constitute and
appoint _____, my true and lawful attorney-in-fact and agent, with full power and
authority to do in my name and on my behalf any and all acts which I might do if personally present and
acting on my own behalf including, but without limiting the generality of forgoing the powers hereinafter set
forth. If _____ shall die or resign as my attorney-in-fact,
I hereby appoint _____, as my attorney-in-fact, with all the rights
and powers of my original attorney-in-fact, including the following powers:

1. To demand, receive and receipt for all monies and property, tangible or intangible, of whatever kind, to which I may be or may hereafter become entitled, the receipt of said attorney-in-fact being binding upon me to the same extent as if made by me personally;
2. To purchase, lease, sub-lease, mortgage, pledge, sell, or otherwise deal with, any property, real or personal, tangible or intangible, or mixed, which I may now own or hereafter acquire or in which I may have or acquire any right title or interest of any kind;
3. To borrow or lend monies, and to give or receive security therefore;
4. To enter into contracts of any kind or description whatsoever, and to exercise any right, option or election which I may have or acquire under any contract;
5. To compromise, settle or renew any claim of or against me, or any right which I may be entitled to assert and which may be asserted against me;
6. To assert by litigation or otherwise any claim of mine, and to defend any claim that may be asserted against me, with full right to employ counsel and agents which, in the discretion of said attorney-in-fact, may be necessary in connection therewith;
7. To prepare and file tax returns of all kinds, including, but without limitation, Federal and State income taxes, ad valorem taxes, license taxes and special assessments, and to pay such taxes or to negotiate or agree with relation to postponements or deficiencies therein, or waivers of any statute of limitation, including the right to protest or pay under protest any tax or assessment, and to employ counsel or accountants for any matter in which the same may, in the discretion of my said attorney-in-fact be helpful;
8. To cancel, surrender, borrow upon or change the beneficiary upon any policy of insurance, owned by me or in which I may have an interest, and to exercise any further right in relation thereto which I might exercise personally;
9. To sign checks upon, and withdraw funds from, any bank account/accounts which I may have or may hereafter establish and to negotiate notes in my name and to endorse any check, note or other negotiable instrument whatever payable to me;
10. To execute instruments to affect the transfer of title to any motor vehicle owned by me;

11. To sell, purchase, dispose of, assign and pledge any U.S. savings bonds and U.S. Treasury securities in which I may have an interest;
12. Third parties to whom this Power of Attorney is presented may rely upon photocopies of the original document. Further, they may rely upon a written statement or affidavit of Attorney-in-Fact as to the then current effectiveness of this document;
13. To enter any safe deposit box held in the name of the undersigned, and to place items therein, or remove items therefrom;
14. My attorney-in-fact is specifically authorized to sell, purchase, assign or transfer any stock or other securities held by me and to receive the proceeds therefrom and to deposit such proceeds to my account or other accounts or dispose of same in such manner as my said attorney-in-fact may determine; and
15. To make all decisions related to my personal health care, including but not limited to:
 - a. The power to retain or discharge employees, companions, nurses or doctors for me;
 - b. The power to admit or release me from any hospital or health care facility;
 - c. The power to make any medical decisions concerning me or consent on my behalf to any treatment, physical or psychiatric, or surgical procedure for any injury or disease from which I may be suffering;
 - d. The power to have access to any medical records concerning my condition;
 - e. The power to make anatomical gifts on my behalf;
 - f. The power to demand on my behalf that medical therapy be discontinued or not be instituted, including but not limited to cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, parenteral feeding, the use of respirators or ventilators, blood transfusion, nasogastric tube use, intravenous feedings, endotracheal tube use, antibiotics and organ transplants. My attorney-in-fact shall try to discuss this decision with me; however, if I am unable to communicate, my attorney-in-fact shall make the decision guided by my previously expressed preferences and secondarily by the physician's diagnosis;
 - g. The power to sign or otherwise use any medical insurance in my name for my benefit;

_____ This Durable Power of Attorney shall be effective as of its date of execution and shall remain in effect until revoked in writing and shall not be affected by subsequent disability or incapacity of the principal, or lapse of time;

OR

_____ This Durable Power of Attorney shall become effective upon the disability or incapacity of the principal.

No person acting in reliance upon this power shall be charged with notice of any revocation hereof in the absence of actual knowledge of such revocation.

It is my intention to grant to my attorney-in-fact full and complete authority to act for me and in my stead in all matters. In no event shall persons relying on this Power of Attorney be required to ascertain the authority of my attorney-in-fact to act hereunder, and all persons dealing with said attorney-in-fact shall be entitled, in the absence of actual knowledge of revocation, to rely upon the authority of such person, and the acts of such person shall bind me and acquit persons dealing with my said attorney-in-fact to the same extent as if I had been acting in my own behalf.

IN TESTIMONY WHEREOF, witness my signature this _____ day of _____ (month), _____(year).

Principle Signature

Witness

Address

COMMONWEALTH OF KENTUCKY)

)

COUNTY OF _____)

Witness

Address

OR

Before me, a Notary Public, in and for the State and County aforesaid, appeared _____
_____, and on the _____ day of _____ (month)
_____ (year), executed the foregoing Durable Power of Attorney and acknowledged the same to be her
act and deed.

My commission expires: _____

Notary Public