



RESTORATION

DURABLE POWER OF ATTORNEY FOR FINANCE

Your Full Name _____, referred to as the "Principal,"

I. APPOINTMENT OF AGENT

I hereby appoint:

Agent's Full Name: _____

Agent's Address: _____

Agent's Contact Information: _____

as my Attorney-in-Fact (Agent) to act on my behalf in financial matters. This includes, but is not limited to, managing my bank accounts, handling financial transactions, signing documents related to real estate, managing investments, and making decisions regarding my financial affairs.

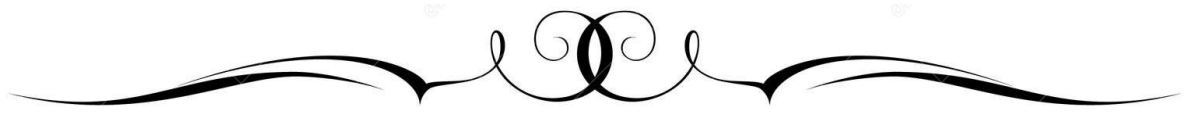
II. DURABILITY

This Durable Power of Attorney shall not be affected by my subsequent incapacity or disability. The powers granted herein shall remain in effect even if I become unable to make decisions for myself.

III. POWERS GRANTED

My Agent is authorized to:

1. **Banking and Financial Transactions:**
 - i. Access, manage, and control all of my financial accounts, including checking, savings, and investment accounts.
 - ii. Perform banking transactions, deposit and withdraw funds, and write checks on my behalf.
2. **Real Estate:**
 - i. Buy, sell, lease, mortgage, or otherwise manage and deal with my real property.
3. **Investments:**



RESTORATION

- i. Manage, buy, sell, and exchange stocks, bonds, mutual funds, and other investment assets.
- 4. **Government Benefits:**
 - i. Apply for, collect, and manage government benefits on my behalf.
- 5. **Legal and Tax Matters:**
 - i. Engage in legal proceedings, hire attorneys, and handle tax matters.
- 6. **Insurance:**
 - i. Manage insurance policies, including making claims and receiving proceeds.
- 7. **Retirement Accounts:**
 - i. Manage retirement accounts and make decisions related to pension or retirement benefits.

IV. Preferences ---- Omit if not needed

V. THIRD PARTIES

Any third party receiving a copy of this document may rely on it as if it were an original.

VI. EFFECTIVE DATE

This Durable Power of Attorney is effective immediately upon my signing it.

VI. SIGNATURE

I sign this Durable Power of Attorney on [Date].

Your Full Name (Principal)_____

WITNESS:

[Witness Name]

WITNESS:

[Witness Name]