

**DURABLE GENERAL POWER OF ATTORNEY
NEW YORK STATUTORY FORM**

**THE POWERS YOU GRANT BELOW CONTINUE TO BE
EFFECTIVE SHOULD YOU BECOME DISABLED OR INCOMPETENT.**

CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO MORTGAGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, OR INCOMPETENT. THE POWERS ARE EXPLAINED MORE FULLY IN NEW YORK GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15, SECTION 5-1502A THROUGH 1503, WHICH EXPRESSLY PERMIT THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY.

THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS. YOU MAY EXECUTE A HEALTH CARE PROXY TO DO THIS.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

THIS is intended to constitute a **DURABLE GENERAL POWER OF ATTORNEY** pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, _____, residing at _____
_____ New York,

DO HEREBY APPOINT _____ residing at _____

MY ATTORNEY-IN-FACT TO ACT

IN MY NAME, PLACE AND STEAD in any way which I myself would do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

(DIRECTIONS: Initial in the blank line to the left of your choice ANY ONE or MORE of the following lettered subdivisions to which you WANT to give your agent authority. If the blank line to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank

line in Subdivision "(S)" and you may then put your initials in the blank space to the left of Subdivision "(S)" in order to grant each of the powers so indicated.)

- _____ (A) real estate transactions;
- _____ (B) chattel and goods transactions (including the transfer of any motor vehicle registered with the New York State Department of Motor Vehicles);
- _____ (C) bond, share and commodity transactions;
- _____ (D) banking transactions including access to safe deposit boxes;
- _____ (E) business operating transactions;
- _____ (F) insurance transactions;
- _____ (G) estate transactions;
- _____ (H) claims and litigation;
- _____ (I) personal relationships and affairs;
- _____ (J) benefits from military service;
- _____ (K) records, reports and statements;
- _____ (L) retirement benefit transactions
- _____ (M) tax matters including the ability to sign tax returns, IRS and State Powers of Attorney for tax matters, and the power to settle tax matters;
- _____ (N) making gifts to my spouse, children and parents and more remote descendants, and my agent(s), not to exceed in the aggregate to each of such persons in any year, any more than the federal annual exclusion in any given year [NOTE, if "N" is selected, one may also select "Q 4)];
- _____ (O) **OR** [Choose either N or O, not both] making gifts to my spouse, children and parents and more remote descendants, and my agent(s) however, none of my Agents may gift to himself or herself, in the aggregate, any more than the federal annual exclusion in any given year:
- _____ (P) It is my intention to return home if I should be in a hospital, rehabilitation center or nursing home and my attorney-in-fact shall take all steps to effectuate same
- _____ (Q) All other matters: includes the power to act on behalf of the principal in other matters or affairs not otherwise listed on the form, and which shall include but not be limited to the power to:
 - 1) create, fund and revoke inter vivos trusts;
 - 2) make statutory elections and disclaimers;
 - 3) collect amounts due to me, and the power to qualify me for various government entitlements, such as Medicaid and supplemental social security and which may require that my

Principle represent me in making applications for such entitlements by making applications or appearing in my stead at hearings;

4) make distributions and transfers on my behalf, including transfers for the purpose of Medicaid planning and other planning techniques in the event of my disability; and

5) establish one or more "individual retirement plans or arrangements in my name
I understand that (Q) does not include health care decision making and that I must execute a separate Health Care Proxy form in order to give my Principle that power or ability.

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

_____ (S) each of the above matters identified by the following letters:

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of section 5-1503 of the New York General Obligations Law.)

THIS DURABLE POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCOMPETENCE.

If my agent named above is unable or unwilling to serve, I appoint:

_____, residing at _____

_____ to be my agent for all purposes hereunder.

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 DURABLE GENERAL POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME.

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

STATE OF NEW YORK)
COUNTY OF ONONDAGA)

On _____ day of _____, 20__, before me, the undersigned, a Notary Public in and for the State of New York, personally appeared _____, personally known to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same in her/his capacity, and that by her/his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public