

NY 019a - Power of Attorney Statutory Short Form, Revised 1/1/97 - (with Affidavit of Effectiveness @ 1994 Fidelity National Title Insurance Company)

CONSULT YOUR LAWYER BEFORE SIGNING THIS INSTRUMENT - THIS INSTRUMENT SHOULD BE USED BY LAWYERS ONLY.

DURABLE GENERAL POWER OF ATTORNEY
NEW YORK STATUTORY SHORT 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 CONTINUE TO EXIST EVEN AFTER YOU BECOME DISABLED OR INCOMPETENT. THESE POWERS ARE EXPLAINED MORE FULLY IN NEW YORK GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15, SECTIONS 5-1502A THROUGH 5-1503, 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 HEALTHCARE DECISIONS. YOU MAY EXECUTE A HEALTH CARE PROXY FORM TO DO THIS.

IF THERE IS ANYTHING ABOUT THE 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
(insert your name and address)

do hereby appoint:residing at
(if one person is to be appointed agent, insert the name and address of your agent above)

..... residing at
..... residing at
..... residing at
(If 2 or more persons are to be appointed agents by you insert their names and addresses above)

my attorneys-in-fact **TO ACT** (if more than one agent is designated, **CHOOSE ONE** of the following two choices by putting your initial in **ONE** of the blank spaces to the left of your choice:)

☐ Each agent may **SEPARATELY** act.

☐ All agents must act **TOGETHER**.

*(If neither blank space is initialed, the agents will be required to act **TOGETHER**)*

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 Title 15 of Article 5 of the New York General Obligations Las to the extent that I am permitted by law to act through an agent.

(DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give you agent authority. If the blank space 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 “(Q)”, and you may then put your initials in the blank space to the left of the subdivision “(Q)” in order to grant each of the powers you so indicated)

- | | |
|---|--|
| <input type="checkbox"/> (A) real estate transactions; | <input type="checkbox"/> (M) making gifts to my spouse, children and more |
| <input type="checkbox"/> (B) chattel and goods transactions; | remote descendant, and parents, not to exceed in |
| <input type="checkbox"/> (C) bond, share and commodity transactions; | the aggregate \$12,000 to each of such persons in |
| <input type="checkbox"/> (D) banking transactions; | any year; |
| <input type="checkbox"/> (E) business operating transactions; | <input type="checkbox"/> (N) tax matters; |
| <input type="checkbox"/> (F) insurance transactions; | <input type="checkbox"/> (O) all other matters |
| <input type="checkbox"/> (G) estate transactions; | <input type="checkbox"/> (P) full and unqualified authority to my |
| <input type="checkbox"/> (H) claims and litigations; | attorney(s)-in-fact to delegate any or all of the |
| <input type="checkbox"/> (I) personal relationships and affairs; | foregoing powers to any person or persons whom |
| <input type="checkbox"/> (J) benefits from military service; | my attorney(s)-in-fact shall select; |
| <input type="checkbox"/> (K) records, reports and statements; | <input type="checkbox"/> (Q) each of the above matters identified by the |
| <input type="checkbox"/> (L) retirement benefit transactions; | 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 sections 5-1503 of the New York General Obligations Law.)

.....
.....
.....

Special Additional Provision: The powers granted under **(A)** through **(C)** above shall include the sale of a cooperative housing unit and are enlarged so that all fixtures and articles of personal property which at the time of such transaction are or which may thereafter be attached to or used in connection with the real or personal property may be included in the agreements or other instruments to be executed and delivered in connection with any transactions and which may be described in said instruments with more particularity. This Power Of Attorney is not subject to question because an instrument executed hereunder fails to recite or recites only nominal consideration paid therefore and any person dealing with the subject matter of such instrument may do so as if full consideration had been expressed therein.

This durable power of attorney shall not be affected by my subsequent disability of incompetence.
If every agent named above is unable or unwilling to serve, I appoint
..... residing at
(insert name and address of successor)
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 OF 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 this. day of in the year.

(YOU SIGN HERE:) ->.....
(Signature of Principal)

The General Obligations Law § 5-1501 requires that this instrument be acknowledged by the principal. No express provision is made for proof by Subscribing Witness.

ACKNOWLEDGMENT FORM *FOR USE IN NEW YORK STATE, MAY ALSO BE USED FOR EXECUTION TAKEN WITHOUT NY STATE:*

STATE OF NEW YORK, COUNTY OF} ss.:
.....} ss.:
(Outside of New York State strike out NY venue and complete venue immediately above with State, District of Columbia, Country, Province or Municipality)

On the _____ day of _____, _____, _____
before me, the undersigned, personally appeared _____,
personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the
within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s)
on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument(.)
{For acknowledgments taken within NY strike the following, for use outside NY State complete the following} and that such individual made such
appearance before the undersigned in the

(Insert the city or other political subdivision and the state or country or other place the acknowledgment was taken)

(Notary sign above and Affix Stamp at right)

AFFIDAVIT OF EFFECTIVENESS

STATE OF NEW YORK, COUNTY OF _____ } ss.:
 _____, residing at _____
 _____ being duly sworn does depose and
 say that I am the Attorney-in-Fact under the above Power of Attorney. That said Power of Attorney is a valid and subsisting Power which has not been
 revoked by the death of the principal(s) or otherwise; that I have no actual knowledge of a revocation of the foregoing Power; and, I warrant and
 represent that I have full and unqualified authority to execute the _____ [Deed, Mortgage, etc.]
 knowing that _____ will rely upon
 the representations made herein as inducement to accept such instrument(s) and this Power of Attorney as evidence of my authority to act.

Attorney-in-fact

SWORN AND SUBSCRIBED TO BEFORE ME THIS DAY OF, 20

(Notary sign above and Affix Stamp at right)

DURABLE GENERAL POWER OF ATTORNEY

(REVISED STATUTORY SHORT FORM)

TITLE No. _____

To

District
Section
Block
Lot
County or Town

RECORDED AT REQUEST OF
Fidelity National Title Insurance Company
 RETURN BY MAIL TO

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RESERVE THIS SPACE FOR USE OF RECORDING OFFICE