

**(MUST LEAVE THREE INCH MARGIN AT TOP)**

2012

**GENERAL  
DURABLE POWER of ATTORNEY  
for  
NAME**

**PART I  
ATTORNEY-IN-FACT**

**1.1 SELECTION OF ATTORNEY-IN-FACT:**

KNOW ALL MEN BY THESE PRESENTS that I, **Name**, of (address), hereby appoint as my Attorney-in-Fact, relationship, **Name** of (address). Home Phone:

**1.2 ALTERNATE ATTORNEYS-IN-FACT:**

In the event that my named Attorney-in-Fact fails to act, resigns, or is unable to act, then I appoint the person(s) named below in the priority listed:

**FIRST ALTERNATE ATTORNEY-IN-FACT:**

Name

Address

City, State, Zip

Phone

**SECOND ALTERNATE ATTORNEY-IN-FACT:**

Name  
Address  
City, State, Zip  
Phone:

**THIRD ALTERNATE ATTORNEY-IN-FACT:**

Name  
Address  
City, State, Zip  
Phone

**FOURTH ALTERNATE ATTORNEY-IN-FACT:**

Name  
Address  
City, State, Zip  
Phone:

**1.3 TERMINATION:**

**THIS IS A DURABLE POWER OF ATTORNEY, PURSUANT TO R.S.M.O. 404.700 AND THE FOLLOWING SECTIONS.**

**THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY- IN -FACT, WHEN EFFECTIVE, SHALL NOT TERMINATE OR BE VOID OR VOIDABLE IF I AM OR BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.**

**1.4 EFFECTIVE DATE AND DURABILITY:**

(OPTION)

**IMMEDIATE POWER**

**A. THIS GENERAL DURABLE POWER OF ATTORNEY SHALL TAKE EFFECT WHEN EXECUTED BY ME.** Further, this General Durable Power of Attorney shall be binding not only upon me, but also upon my heirs, executor, and administrator up to the time of the receipt by my said Attorney-in-Fact of a written revocation signed by me or of reliable intelligence of my death.

**CONFIDENTIALITY**

- B. In order to effectuate the terms of this instrument, I hereby waive any confidentiality obligations under any state or Federal law relating to my incapacity, and I specifically direct that any physician freely transmit and release “Protected Health Information” (as defined in the Health Insurance Portability and Accountability Act of 1996 privacy rules) to any Attorney-in-Fact named herein.

**ONE PHYSICIAN**

- C. If a certification is necessary or required by anyone, then it shall be by **ONE** licensed physician, who has examined or seen me. The duties shall cease upon certification by **ONE** licensed physician that I am no longer incapacitated. The certifying physician may be my family doctor, treating or attending doctor.

(OPTION)

**SPRINGING POWER**

- A. **THIS INSTRUMENT SHALL BECOME EFFECTIVE ONLY UPON MY SUBSEQUENT DISABILITY, INCAPACITY, OR DISAPPEARANCE AND SHALL COMMENCE UPON A CERTIFICATION BY A LICENSED PHYSICIAN THAT I AM INCAPACITATED PURSUANT TO RSMo. § 404.825.** After such certification, this instrument shall remain in effect until I communicate a desire to revoke this instrument after a physician has examined me and certified that I am no longer incapacitated.

**CONFIDENTIALITY**

- B. In order to effectuate the terms of this instrument, I hereby waive any confidentiality obligations under any state or Federal law relating to my incapacity, and I specifically direct that any physician freely transmit and release “Protected Health Information” (as defined in the Health Insurance Portability and Accountability Act of 1996 privacy rules) to any Attorney-in-Fact named herein.

**ONE PHYSICIAN**

- C. If a certification is necessary or required by anyone, then it shall be by **ONE** licensed physician, who has examined or seen me. The duties shall cease upon certification by **ONE** licensed physician that I am no longer incapacitated. The certifying physician may be my family doctor, treating or attending doctor.

(OPTION)

**IMMEDIATE POWER TO SPOUSE/SPRINGING POWER TO ALTERNATE**

- A. My spouse is to receive an Immediate Power under this document. All other alternates shall receive a Springing Power herein.

**IMMEDIATE POWER**

- B. **THIS GENERAL DURABLE POWER OF ATTORNEY SHALL TAKE EFFECT WHEN EXECUTED BY ME.** Further, this General Durable Power of Attorney shall be binding not only upon me, but also upon my heirs, executor, and administrator up to the time of the receipt by my said Attorney-in-Fact of a written revocation signed by me or of reliable intelligence of my death.

**SPRINGING POWER**

- C. **THIS INSTRUMENT SHALL BECOME EFFECTIVE ONLY UPON MY SUBSEQUENT DISABILITY, INCAPACITY, OR DISAPPEARANCE AND SHALL COMMENCE UPON A CERTIFICATION BY A LICENSED PHYSICIAN THAT I AM INCAPACITATED PURSUANT TO RSMo. § 404.825.** After such certification, this instrument shall remain in effect until I communicate a desire to revoke this instrument after a physician has examined me and certified that I am no longer incapacitated.

**CONFIDENTIALITY**

- D. In order to effectuate the terms of this instrument, I hereby waive any confidentiality obligations under any state or Federal law relating to my incapacity, and I specifically direct that any physician freely transmit and release “Protected Health Information” (as defined in the Health Insurance Portability and Accountability Act of 1996 privacy rules) to any Attorney-in-Fact named herein.

**ONE PHYSICIAN**

- E. If a certification is necessary or required by anyone, then it shall be by **ONE** licensed physician, who has examined or seen me. The duties shall cease upon certification by **ONE** licensed physician that I am no longer

incapacitated. The certifying physician may be my family doctor, treating or attending doctor.

## **PART II** **POWERS AND AUTHORITY**

### **2.1 POWERS:**

I confer upon my Attorney-in-Fact full power to administer my personal and business affairs and to deal with all of my property, whether standing in my name alone or in my name with any other person or persons. My Attorney-in-Fact shall on my behalf have full power to exercise or perform any act, power, duty, right, or obligation whatsoever that I now have or may hereinafter acquire, relating to any person, matter, transaction, or property, real or personal, tangible or intangible, now owned or hereafter acquired by me, as I might or could do if personally present, including, without limitation, and, by way of example, the following specifically enumerated powers.

- A. **Powers of Collection and Payment:** To forgive, request, demand, sue for, recover, collect, receive, and hold all sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension, profit sharing, retirement, Social Security, Medicare, insurance, and other contractual benefits and proceeds, all documents of title, all property, real or personal, tangible or intangible property, and property rights, and demands whatsoever, liquidated or unliquidated, now or hereafter owned by, or due, owing, payable, or belonging to me, or in which I have or may hereafter acquire an interest; to have, use, and take all lawful means and equitable and legal remedies and proceedings in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same and to execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts, or other sufficient discharges for the same.
- B. **Power to Acquire, Lease, and Sell:** To acquire, purchase, exchange, lease, grant options to sell, and sell and convey real or personal property, tangible or intangible, or any interests therein, on such terms and conditions, including credit arrangements, as my Attorney-in-Fact shall deem proper; to execute, acknowledge, and deliver, under seal or otherwise, any and all assignments, transfers, deeds, papers, documents, or instruments which my Attorney-in-Fact shall deem necessary in connection therewith; to purchase, sell or otherwise dispose of, assign, transfer, and convey shares of stock, bonds, securities, and other

personal property now or hereafter belonging to me, whether standing in my name or otherwise, and wherever situated.

- C. **Management Powers:** To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interests therein, that now own or may hereafter acquire, in my name and for my benefit, upon such terms and conditions as my Attorney-in-Fact shall deem proper.
- D. **Banking Powers:** To make, receive, and endorse checks and drafts, deposit and withdraw funds, acquire and redeem certificates of deposit, in banks, savings and loan associations, and other institutions, execute or release such Deeds of Trust or other security agreements as may be necessary or proper in the exercise of the rights and powers herein granted.
- E. **Investment Powers:** To pay or to deposit in my name or in the name of any other person with any bank, broker, corporation, firm, or person any money or property that may belong to me; to withdraw from any bank, broker, corporation, firm, or person any money or property that may now or hereafter belong to me or be due me, including, without limitation, any money or property held in my name; and to give instructions or consent to any Attorney-in-Fact who shall be acting for me and to any Trustee of property for my benefit; to transmit, either orally or in writing, in accordance with the procedures established by any investment firm, instructions for the purchase, sale, exchange, or transfers of shares of all funds invested with such firm.
- F. **Motor Vehicles:** To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, truck, pickup truck, van, motorcycle, or other motor vehicle, and to represent in such transfer or assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer or assignment.
- G. **Tax Powers:** To act without limitation on my behalf with regard to federal income taxes (Forms 1040, 1040EZ, 1040X, etc.), state and local income taxes, estate, gift (Form 709), and other tax returns of all sorts, whether federal or state and local, including where appropriate joint returns, FICA returns, payroll tax returns, claims for refunds, requests for extensions of time to file returns or pay taxes, extensions and waivers of applicable periods of limitation, protests and petitions to administrative agencies or courts, including the tax court, regarding tax matters, and any and all other tax related documents, for all tax periods from 1980 through 2060, and for all jurisdictions; to complete Internal Revenue Service Form 2848, Power of Attorney and Declaration of Representative (or other prescribed form)

on my behalf as well as to perform all other functions contemplated by that form whether they are required or merely permissible; to consent to any gift; and to prepare, sign, and file any claims for refund of any tax; to post bonds, receive confidential information, and contest deficiencies determined by the Internal Revenue Service or any state or local taxing authority; to exercise any and all elections that I may have under federal, state, or local tax laws; to the extent that I may have omitted some power or discretion, some tax period, some form, or some jurisdiction, I hereby grant to my Attorney-in-Fact the power to amend the Internal Revenue Service Power of Attorney form (presently Form 2848 or Form 2848-D) in my name.

- H. Safe-Deposit Boxes:** To have access at any time or times to any safe-deposit box rented by me or to which I may have access, wheresoever located, including drilling, if necessary, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe-deposit box; and any institution in which any such safe-deposit box may be located shall not incur any liability to me or my estate as a result of permitting my Attorney-in-Fact to exercise this power.
- I. Insurance:** To exercise any and all rights with respect to any insurance policy on my life or any annuity contract, or any interest in any such policy or contract, as fully as any owner or beneficiary of the same, to engage in any transaction and to exercise and enjoy all options, benefits, rights, and privileges under such policy or contract, including the right to borrow upon the same, to pledge the same for a loan or loans, to assign ownership of the same to any person, Trust, or other entity, to change the beneficiary, and to surrender, assign, exchange, or otherwise modify any such policy or contract.
- J. Power to Create and Transfer Assets to Inter Vivos Trust:** To create, amend or terminate one or more Trusts, partnerships, corporations, cotenancies or any other form of ownership for the purpose of dealing with any property or property interest of any nature that I may have or hereafter acquire, under such terms and with such provisions as my Attorney-in-Fact deems to be in my best interests and in the best interests of my family; my Attorney-in-Fact may be a remainderman, partner, shareholder or beneficiary of any entity connected with any such transfer and the fact that my Attorney-in-Fact shall have any such interest or capacity shall not affect the validity thereof nor, by itself, constitute a breach of the fiduciary duty owed by my Attorney-in-Fact hereunder; to transfer any or all property, tangible, intangible or real, in which I may have any interest, into a Trust or Trusts, whether created by me or by my Attorney-in-Fact in my behalf and whether or not such Trusts were created before or after the execution of this Durable Power of Attorney, and to transfer any such

properties to any other form of entity or ownership, including any form of co-tenancy.

- K. **Gift Making Powers:** To make outright gifts or gifts in Trust of my property to or for the benefit of such persons (including my Attorney-in-Fact) as, in the opinion of my Attorney-in-Fact, would be done as I might choose, having in mind the resources, both public and private, that are available for my care after the making of any such gifts, and having in mind the objective of preserving the largest amount of property for my family and designated beneficiaries (as set forth in my Last Will and Testament and/or Living Trust) as a whole.
- L. **Power to Make Statutory Elections and Disclaimers:** To make on my behalf any and all statutory elections and disclaimers available to me by law.
- M. **Retirement Plan Powers:** To exercise in any manner any election or option under and to make any one or more withdrawals from any Individual Retirement Account or any stock option, profit sharing, pension, thrift, savings, or other employee benefit plans in which I may have any interest, and to become a participant in such a plan or to establish an Individual Retirement Account in my name, to change the designation of beneficiary in effect for any such Individual Retirement Account or employee benefit plan, to waive any rights which I may have with respect to any employee benefit plan in which my spouse is a participant, to contribute to an existing Individual Retirement Account or other employee benefit plan in my name, and to roll over the proceeds of a lump-sum distribution from any qualified pension or profit-sharing plan into an Individual Retirement Account or another qualified pension or profit sharing plan; or to liquidate any Individual Retirement Account of mine in such manner as my Attorney-in-Fact may direct.
- N. **Estate Administration:** To assent or to oppose the allowance of any probate or other accounts in which I may be or become interested, and generally to act in any and all probate matters or proceedings in which I may become interested.
- O. **Lending and Borrowing:** To make loans in my name; to borrow money in my name, individually or jointly with others; to give promissory notes or other obligations therefore; and to deposit or mortgage as collateral or for security for the payment thereof any or all of my securities, real estate, personal property, or other property of whatever nature and wherever situated, held by me personally or in Trust for my benefit.
- P. **Contracts:** To enter into contracts of whatever nature or kind in my name.



- Q. Health Care:** To take any and all steps necessary to arrange, in cooperation with my health care agent appointed under a duly executed health care proxy, for my admission to any type of health care facility, including, without limitation, a hospital, rehabilitation facility, skilled nursing facility, or hospice, and to authorize the release of my medical records in the discretion of my Attorney-in-Fact.
- R. Use of Funds for My Care:** In the event of my illness, incapacity or other emergency, to incur, pay and satisfy such expenses and obligations for my comfort, benefit and care, and obligations of a nature customarily incurred by me, as my Attorney-in-Fact may consider necessary or desirable or consistent with my wishes, or as directed by my health care agent appointed under my duly executed health care proxy.
- S. Power to Hire and Pay for Services:** To retain such accountants, attorneys, social workers, consultants, clerks, employees, workers, or other persons as my Attorney-in-Fact shall deem appropriate in connection with the management of my property and affairs and to make payments from my assets for the fees of such persons so employed.
- T. Reimbursement of Attorney-in-Fact:** To reimburse my Attorney-in-Fact for any reasonable expenses incurred in connection with such services.
- U. Estate Planning:**
- 1) To take such action or to apply such funds in such fashion as my Attorney-in-Fact determines is in keeping with my wishes and interests so far as they can be ascertained, without petition to or leave of court, for the purpose of conserving my property, benefiting my Attorney-in-Fact and my descendants and other relatives as I have previously set forth in my Last Will and Testament and/or Living Trust, minimizing current or prospective federal and state taxes, and maximizing entitlements to federal and state medical, welfare, housing, and other public programs, by all legitimate and proper means within the sound and trusted discretion of my Attorney-in-Fact, including, without limitation, gifts to such relatives, friends, and charities as would likely be the recipients of donations from me, and revocable or irrevocable transfers into Trusts for the benefit of myself or other said recipients; creation of annuities with my assets naming beneficiaries thereof consistent with the provisions of my Last Will and Testament and/or Living Trust; to take these steps even though my Attorney-in-Fact is a member of the group that may benefit under the estate plan or may be the only person to so benefit; to consult with lawyers, accountants, or other advisors in carrying out

the powers granted herein, to rely on the advice given by such advisors, and to pay all expenses incurred in carrying out the powers hereunder out of my assets.

- 2) As a guide to my Attorney-in-Fact in creating an estate plan, my primary aim is to preserve my assets for the benefit of my beneficiaries as currently designated in my Last Will and Testament and/or Living Trust. To the extent legally possible, it is my hope that my estate plan will protect my assets from being dissipated to pay for the cost of health, medical, or nursing home expenses and minimize the amount of estate taxes payable on my death.
- 3) To renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, testate, or intestate succession; to release or abandon any property or interest in property or powers which I may now or hereafter own, including any interests in or rights over Trusts (including the right to alter, amend, revoke or terminate) and to exercise any right to claim an elective share in any estate or under any will, and in exercising such discretion, my Attorney-in-Fact may take into account such matters as shall include, but shall not be limited to any reduction in estate or inheritance taxes on my estate, and the effect of such renunciation or disclaimer upon persons interested in my estate and persons who would receive the renounced or disclaimed property.
- 4) To create or change survivorship interests in my property or in property in which I may have an interest, provided that any such change made by my Attorney-in-Fact shall follow the testamentary provisions set forth in my Last Will and Testament or my beneficiary designations set forth in any Revocable Trust in existence at the time my Attorney-in-Fact seeks to effectuate any such change in survivorship interests in my property. This power shall extend to all forms of property owned by me, including both real and personal property. Nothing contained herein shall prohibit my Attorney-in-Fact from changing survivorship interests in any of my property to include an interest for my Attorney-in-Fact as long as my Attorney-in-Fact follows the testamentary provisions of my Last Will and Testament and/or my beneficiary designations in any Revocable Trust in existence at the time my Attorney-in-Fact acts to make such change.
- 5) To designate or change the designation of beneficiaries to receive any property, benefit or contract right upon my death, provided that any such change made by my Attorney-in-Fact shall follow the testamentary provisions set forth in my Last Will and Testament or my beneficiary designations set forth in any revocable trust in existence at the time my Attorney-in-Fact seeks to effectuate any such change in beneficiary designations in my property. This

power shall extend to all forms of property owned by me, including both real and personal property. Nothing contained herein shall prohibit my Attorney-in-Fact from changing beneficiary designations in any of my property to include an interest for my Attorney-in-Fact as long as my attorney-in-fact follows the testamentary provisions of my Last Will and Testament and/or my beneficiary designations in any Revocable Trust in existence at the time my Attorney-in-Fact acts to make such change.

- 6) The decision of my Attorney-in-Fact as to the form and contents of my Estate Plan shall be final and binding on all parties. Notwithstanding anything in the foregoing to the contrary my Attorney-in-Fact may not make gifts or create beneficial interests for himself/herself or his/her issue that at the time in question would exceed in the aggregate the portion of my estate to which my Attorney-in-Fact or his/her issue would be entitled under the terms of my current Last Will and Testament and/or Living Trust, if any.

- V. **In the Event of My Institutionalization:** If my Attorney-in-Fact believes that I am permanently incapacitated, and must leave my home permanently, my Attorney-in-Fact is authorized to dispose of any and all of my tangible personal property, including wearing apparel, library, jewelry, household furnishings and effects, etc.; to vacate any home I may own during the time this Power of Attorney is in effect; and I direct that items to be disposed of may be disposed of by gift, sale, or by the retention thereof by my Attorney-in-Fact. At the discretion of my Attorney-in-Fact, items of personal effects may be given as I have requested in writing to Attorney-in-Fact, to my children, or to others.
- W. **Successor Attorney-In-Fact:** To nominate and/or petition for the appointment of my Attorney-in-Fact or any person my Attorney-in-Fact deems appropriate as Primary, Successor or Alternate Guardian, Guardian Ad Litem or Conservator or to any fiduciary office (all of such offices of guardian, et. al. being hereinafter referred to as “Personal Representative”) representing me or any interest of mine or any person for whom I may have a right or duty to nominate or petition for such appointment; to grant to any such Personal Representative all of the powers under applicable law that I am permitted to grant; to waive any bond requirement for such Personal Representative that I am permitted by law to waive; to designate one or more individuals or a succession of individuals to serve as Co-Attorney-in-Fact or Successor-Attorney-in-Fact.
- X. **Medical Records:** To have access to medical records and all health care information to the same extent that I am entitled to, including the right to disclose the contents to others.

- Y. Full Powers Granted:** In addition any powers herein, I confer without limitation all powers as listed in Section 404.710 and specifically 404.710.6 RSMo., as well as all powers listed in Section 456.8-816 RSMo. to my Attorney-in-Fact.
- Z. Powers of Appointment:** To exercise or to refrain from exercising any power or appointment.
- AA. Records and Documents:** To receive any records or documents (or copies of records or documents) or other information under my control or to which I would personally have access relating to my financial and business affairs or to my medical, physical, psychiatric or mental condition or to any diagnosis, prognosis, or evaluation of my medical, physical, psychiatric or mental condition (whether confidential or otherwise).
- BB. Social Security and Government Benefits:** To make application to any governmental agency for any benefit or government obligation to which I may be entitled; to endorse any checks or drafts made payable to me from any government agency for my benefit, including any Social Security checks.
- CC. Mail/Post Office Box:** To have complete authority in regard to any aspect of United States Mail by receiving mail, picking up mail, forwarding mail, signing for mail, changing addresses for receipt or forwarding of mail, to sign and deliver any form, receipt, declaration or notice to receive, forward or change mail or its designation and have full access and power over any post office boxes that I may have in my name individually or jointly with anyone else.
- DD. Name of Company:** With reference to any plan or program dealing with Pension, Retirement, 401K, SIMPLE, SEP, Deferred Compensation, Employee Retirement Income, salaried or hourly, Long Term Disability Benefits, Health and/or Medical care with the above company or any of its plan administrators or managers, the power to initiate application for any benefit or payment to receive and collect or assign and convey any payments for me or on my behalf, and to sign any and all authorization forms, release, disclaimers or other paperwork in regard to any benefits or plans that I may have rights in.

## **2.2 PROTECTIVE PROCEEDINGS**

This provision is written in accordance with Section 475.050 RSMo.

If protective proceedings for my person or my estate are hereafter commenced, I hereby nominate **Name** for the consideration by the court, my Attorney-in-Fact to serve as the Conservator of my estate and as the Guardian of my person. In the

event that the above person shall fail or cease to act as my Attorney-in-Fact, I designate the following persons, in order of priority as my Attorney-in-Fact to serve as the conservator of my estate and as the Guardian of my person. Nothing in this section shall be construed as a direction that such a petition be filed or such appointment be made, and it is my express wish that such action be taken only when and if absolutely necessary.

- A.
- B.
- C.

### **2.3 HIPAA RELEASE AUTHORITY:**

- A. I intend for my Attorney-in-Fact to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records to include any records or information dealing with mental, emotional, or psychological conditions. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR160-164. My Attorney-in-Fact is hereby designated as my “Personal Representative” or any other designation or title under HIPAA or as later amended for purposes of obtaining, reviewing, or receiving any of my health information or medical records. My Attorney-in-Fact shall have representative or any other appropriate designation under HIPAA for purposes of obtaining and receiving any of my health or medical records. My Attorney-in-Fact shall have the same access to my health care and treatment information as I would have if I were able to act for myself, and shall have the authority on my behalf to execute and revoke releases to confidential information and to review, use, and obtain such confidential and individually identifiable health information for and from medical and dental providers, insurers, and other third party payers.
- B. I authorize full and complete disclosure and release to my Attorney-in-Fact without restriction, to include, but not limited to, any of the following:
  - 1) Any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company and the Medical Information Bureau Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services and;
  - 2) All of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition, to include all information relating to the diagnosis

and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse.

- C. The authority given my Attorney-in-Fact shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my Attorney-in-Fact has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.
- D. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure. I authorize my Attorney-in-Fact to execute on my behalf any release or other documents that may be required in order to obtain this information.

#### **2.4 REAL ESTATE:**

- A. The powers in this section are included in the powers granted in Section 2.1. However, to insure that it is clear that my Attorney-in-Fact has full and complete authority to deal with any real estate that I own or have any interest in at the time of use of this power, I have set forth these powers specifically, herein.

##### OPTION:

The property this power pertains to is described in the Attachments.

- B. To sell and convey all of the lands and real estate, residential, commercial, my home or otherwise, including all improvements thereon, hereinafter described (and hereinafter referred to as the "Real Estate"); and my said Attorney-in-Fact shall have full power and authorization to sell and convey same for such price or prices or other consideration or discretion of said Attorney-in-Fact shall think best (including the power to sell for other than all cash and the power to take and accept a purchase money promissory note secured by a purchase money deed of trust for part of the purchase money), and to execute any and all contracts with respect to such sale and modifications thereof, and other agreements, documents and instruments; to execute, acknowledge, and deliver good and sufficient deeds and conveyances for the same or any portion of the same either with or without covenants and warranty, including the power to execute deeds with full warranties or special warranties, and to execute affidavits with respect or absence of adverse possessory rights and/or liens for work, labor, or material furnished to same; and to approve closing statements and to authorize the payment out of the proceeds of the sale of said Real

Estate and any other disbursements deemed by said Attorney-in-Fact to be appropriate in connection with said sale; hereby giving and granting to my said Attorney-in-Fact to act and do whatever is necessary to be done in the premises as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that my said Attorney-in-Fact may do pursuant to this power.

**PART III**  
**GENERAL PROVISIONS**

**3.1 INTERPRETATION AND GOVERNING LAW**

- A. This instrument is to be construed and interpreted as a General Durable Power of Attorney. The enumeration of specific powers herein is not intended to, nor does it limit or restrict the general powers herein granted to my Attorney-in-Fact. For a third party to construe otherwise would be contrary to my intent.
  
- B. This instrument is executed and delivered in the State of Missouri and the laws of the State of Missouri shall govern all questions as to the validity of this power and the construction of its provisions. Nevertheless, I intend that this instrument be given full force and effect in any state or country in which I may find myself or in which I may own property, whether real or personal. I direct that my Attorney-in-Fact not be required to give bond and, if any bond is required, that no sureties be required. I direct that photocopies of this instrument shall have the same power and effect as the original.

**3.2 AGENT AND ATTORNEY-IN-FACT:**

Throughout this document the terms Agent and Attorney-in-Fact are interchangeable and are intended to refer to the person or persons I have designated as my Attorney-in-Fact for this Power of Attorney.

**3.3 VALIDITY:**

This document is intended to be valid in any jurisdiction in which it is presented. The provisions of this document are separable, so that the invalidity of one or more provisions shall not affect any others. **A photocopy or facsimile copy of this document, properly signed, dated, and acknowledged, shall be deemed to be as valid and effective as the original.** I direct that anyone dealing with any Trustee or Attorney-in-Fact, hereunder, accepts said copy as if it were the original.

**3.4 THIRD PARTY RELIANCE:**

- A. Any party dealing with my Attorney-in-Fact hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my Attorney-in-Fact as to any action taken hereunder. Any party may treat my Attorney-in-Fact or any authorized officer or employees of my Attorney-in-Fact as authorized to act for me on my behalf in the same manner and with the same force and effect as I might or could. In this regard, no person who may in good faith act in reliance upon the representations of my Attorney-in-Fact or the authority granted hereunder shall incur any liability to me or my estate as a result of such act and shall be indemnified and held harmless from acting upon instructions, either oral or in writing, reasonably believed to have originated with my Attorney-in-Fact.
  
- B. I hereby ratify and confirm whatever my Attorney-in-Fact shall lawfully do under this instrument. Any gift of property made by my Attorney-in-Fact in the proper exercise of the gift-making powers specifically granted in Section 2.1, K., herein shall be a full and complete delivery of title upon which third-party purchasers for value may rely. My Attorney-in-Fact is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.

**3.5 AGENT'S FINANCIAL LIABILITY AND COMPENSATION:**

My Agent acting under this Durable Power of Attorney will incur no personal financial liability. My Attorney-in-Fact shall not be entitled to compensation for services performed under this Durable Power of Attorney, but my Attorney-in-Fact shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provisions hereof.

**3.6 AUTHORITY:**

The authority given my Attorney-in-Fact shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclose of my individually identifiable health information. The authority given my Attorney-in-Fact has no expiration date and shall expire only in the event that I revoke the authority in writing or deliver it to my health care provider. In addition to the foregoing, my Attorney-in-Fact hereunder may act as my alter ego with respect to any and all possible matters and affairs not otherwise enumerated herein and which I as principal can do through an Attorney-in-Fact.

**3.7 REVOCAION OF PRIOR DURABLE POWERS OF ATTORNEY:**

I revoke any prior General Durable Power of Attorney made by me.



IN WITNESS WHEREOF, I have on this \_\_\_\_\_ day of \_\_\_\_\_, 2013, executed this **General Durable Power of Attorney**.

\_\_\_\_\_  
Name

STATE OF MISSOURI                    )  
  ) ss.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 2013, before me personally appeared **name**, personally known to me to be the person who executed the foregoing General Durable Power of Attorney as principal and acknowledged to me that he/she executed the foregoing instrument as his/her free act and deed for the purpose therein stated; and at the time of this acknowledgement he/she appeared mentally alert and of full mental capacity.

**IN TESTIMONY WHEREOF**, I have subscribed my name and affixed my official seal in the City or County and State aforesaid, on the day and year above written.

\_\_\_\_\_  
Notary Public

My Commission Expires: