SPECIAL DURABLE POWER OF ATTORNEY FOR BANK ACCOUNT MATTERS

THE POWERS GRANTED FROM THE PRINCIPAL TO THE ATTORNEY-IN-FACT IN THE FOLLOWING DOCUMENT ARE VERY BROAD. THEY INCLUDE THE POWER AND AUTHORITY TO ACT ON YOUR BEHALF INVOLVING BANK ACCOUNT MATTERS. ACCORDINGLY, THE FOLLOWING DOCUMENT SHOULD ONLY BE USED AFTER CAREFUL CONSIDERATION. IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT, YOU SHOULD SEEK COMPETENT ADVICE. YOU MAY REVOKE THIS SPECIAL POWER OF ATTORNEY AT ANY TIME.

STATE OF A	ARIZONA F
KNOW ALL	MEN BY THESE PRESENTS:
	of County, Arizona, being mind and memory, do hereby make, constitute and appoint as my true and lawful agent and attorney in fact
(hereinafter individually,	sometimes called "my agent"), with full power and authority to act for me, and in my name, place and stead, with reference to the transaction of any and all ted to or connected with my bank accounts at
Bank,	(Address), (City), Arizona, (Zip Code) hereinafter
"Bank", inclu	iding, but not limited to, the following:
1.	Making deposits, transfers and withdrawals to or from any of my bank accounts at Bank.
2.	Writing, making and endorsing checks, drafts and other instruments in connection

4. Approving and authorizing automatic withdrawals from my accounts.

other accounts in my name and maintaining same.

with my bank accounts at Bank.

3.

5. Executing signature cards for accounts maintained or opened by my agent in my name.

Opening new checking, savings, money market, certificates of deposit, IRA's or

6. Performing any and all other matters relating to, or in connection with, my bank accounts at Bank.

I direct that the above-related powers and authority of my said agent shall be so exercisable and effective regardless of the fact that I may be mentally or physically incapacitated or incapable of understanding or unable to express myself or act in my own behalf at the time of any action on my behalf by said agent. Such incapacity, whether mental or physical, that I may

exhibit shall not in any way interfere with the authority of my agent herein to act fully on my behalf according to the terms hereof. In other words, this Power of Attorney shall not be affected by the subsequent disability, incompetence or incapacity of the principal.

And I do hereby undertake to ratify and confirm, all and singular, the acts heretofore performed and to be hereinafter performed by my said agents, acting in my name and on my behalf.

Bank shall honor this Power of Attorney until and unless Bank receives written notice of revocation of same signed by me. Bank is hereby indemnified and shall be held harmless by the undersigned for any and all actions taken by my agent regarding my accounts at Bank, regardless of whether within the intended scope of this Power of Attorney or not; therefore, Bank shall have no liability for the actions of my agent or for following the directions of my agent in connection with my bank accounts at Bank.

the principal sign my name to this person of

1,		, the principal, sign my	hame to this power of
attorney this	day of		_ and, being first duly
sworn, do declare	to the undersigned authori	ity that I sign and execut	e this instrument as my
power of attorney	and that I sign it willingly	, or willingly direct anot	her to sign for me, that I
execute it as my f	ree and voluntary act for th	ne purposes expressed in	the power of attorney and
that I am eighteen	years of age or older, of s	ound mind and under no	constraint or undue
influence.			
		Principal	
State of Arizona			
County of			

ATTESTATION

The hereinafter named Witnesses, each declare under penalty of perjury under the laws of the State of Arizona, that the principal is personally known to us, that the principal signed and acknowledged this special power of attorney in our presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that we are not the person appointed as attorney-in-fact by this document and that we witnessed this power of attorney in the presence of the principal. We are not related to the principal by blood, marriage or adoption, and to the best of our knowledge, are not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

WITNESSES:	WITNESSES:
Signature Print Name:	Signature Print Name:
Address:	
City: State: _ Zip:	City: State: Zip:

Principal Name and Address	Attorney-in-Fact Name and Address	
Name:	Name:	
Address:	Address:	
City:	City:	
State: Zip:	State: Zip:	
Phone:	Phone:	