

Do NOT write above this line.

Recording: Time, Book and Page

# North Carolina Statutory Short Form Power of Attorney

**NOTICE:** The powers granted by this document are broad and sweeping. They are defined in Chapter 32A of the North Carolina General Statutes which expressly permits the use of any other or different form of Power of Attorney desired by the parties concerned.

This instrument prepared by: \_\_\_\_\_

Brief description for the Index: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

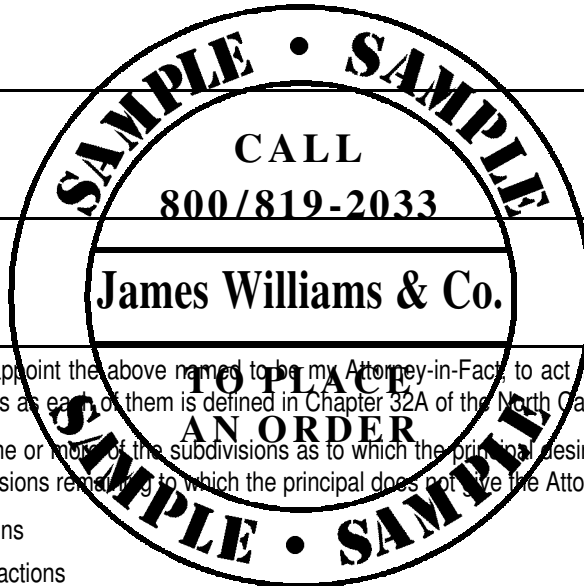
This POWER OF ATTORNEY made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between:

**Enter in appropriate block for each party: name, address, county and state. The designation Principal, Attorney-in-Fact, and Alternate Attorney-in-Fact as used herein shall include singular, plural, masculine, feminine or neuter as required by context.**

**PRINCIPAL:**

**ATTORNEY-IN-FACT:**

**ALTERNATE ATTORNEY-IN-FACT:**



I, the above named Principal, hereby appoint the above named to be my Attorney-in-Fact, to act in my name in any way which I could act for myself, with respect to the following matters as each of them is defined in Chapter 32A of the North Carolina General Statutes:

**Directions:** Initial the line opposite any one or more of the subdivisions as to which the principal desires to give the Attorney-in-Fact authority and strike through those subdivisions remaining to which the principal does not give the Attorney-in-Fact authority.

- \_\_\_\_\_ (1) Real Property Transactions
- \_\_\_\_\_ (2) Personal Property Transactions
- \_\_\_\_\_ (3) Bond, Share, Stock, Securities & Commodity Transactions
- \_\_\_\_\_ (4) Banking Transactions
- \_\_\_\_\_ (5) Safe Deposits
- \_\_\_\_\_ (6) Business Operating Transactions
- \_\_\_\_\_ (7) Insurance Transactions
- \_\_\_\_\_ (8) Estate Transactions
- \_\_\_\_\_ (9) Personal Relationships and Affairs
- \_\_\_\_\_ (10) Social Security and Unemployment
- \_\_\_\_\_ (11) Benefits from Military Service
- \_\_\_\_\_ (12) Tax Matters
- \_\_\_\_\_ (13) Employment of Agents
- \_\_\_\_\_ (14) Gifts to Charities and to Individuals other than the Attorney-in-Fact
- \_\_\_\_\_ (15) Gifts to the named Attorney-in-Fact
- \_\_\_\_\_ (16) \*IRS Transactions: From \_\_\_\_\_ To \_\_\_\_\_
- \_\_\_\_\_ (17) \*The principal also desires to give the Attorney-in-Fact the following additional authority:

Continued on Page 2

\* Subdivision not defined in Chapter 32A.

After recording mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Directions:** Initial the line opposite any one or more of the subdivisions as to which the principal desires to give the Attorney-in-Fact authority and strike through those subdivisions remaining to which the principal does not give the Attorney-in-Fact authority.

If power of substitution and revocation is to be given:

\_\_\_\_\_ I also give to such person full power to appoint another to act as my Attorney-in-Fact and full power to revoke such appointment.

If period of Power of Attorney is to be limited:

\_\_\_\_\_ This Power of Attorney shall become effective \_\_\_\_\_

\_\_\_\_\_ This Power of Attorney terminates on \_\_\_\_\_

If Power of Attorney is to be a Durable Power of Attorney under the provision of Article 2 of Chapter 32A and is to continue in effect after the incapacity or mental incompetence of the principal:

\_\_\_\_\_ This Power of Attorney shall not be affected by my subsequent incapacity or mental incompetence.

If Power of Attorney is to take effect only after the incapacity or mental incompetence of the principal:

\_\_\_\_\_ This Power of Attorney shall become effective after I become incapacitated or mentally incompetent.

If Power of Attorney is to be effective to terminate or direct the administration of a custodial trust created under the Uniform Custodial Trust Act:

\_\_\_\_\_ In the event of my subsequent incapacity or mental incompetence, the Attorney-in-Fact of this Power of Attorney shall have the power to terminate or to direct the administration of any custodial trust of which I am the beneficiary.

If Power of Attorney is to be effective to determine whether a beneficiary under the Uniform Custodial Trust Act is incapacitated or ceases to be incapacitated:

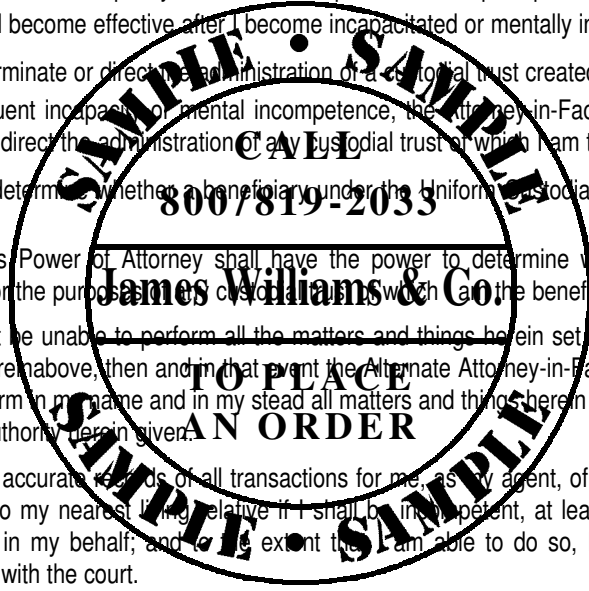
\_\_\_\_\_ The Attorney-in-Fact of this Power of Attorney shall have the power to determine whether I am incapacitated or whether my incapacity has ceased for the purpose of exercising my custodial trust as the beneficiary.

Should my first named Attorney-in-Fact be unable to perform all the matters and things herein set out to be done and performed and if I have appointed an alternate Attorney-in-Fact hereinabove, then and in that event the Alternate Attorney-in-Fact hereinabove designated shall be my true and lawful Attorney-in-Fact to do and perform in my name and in my stead all matters and things herein authorized to be done and performed by my Attorney-in-Fact with all the powers and authority herein given.

My Attorney-in-Fact shall keep full and accurate records of all transactions for me, as my agent, of all my property and the disposition thereof, and shall render to me, if competent, or to my nearest living relative if I shall be incompetent, at least annually, inventories and accounts of all transactions of my Attorney-in-Fact done in my behalf; and to the extent that I am able to do so, I hereby relieve my Attorney-in-Fact of the responsibility and duty of filing any reports with the court.

IN WITNESS WHEREOF, the Principal has hereunto set his (her) hand and seal.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Seal)



SEAL-STAMP

USE BLACK INK ONLY

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the said named \_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My Commission expires: \_\_\_\_\_ Notary Public

The foregoing Certificate of \_\_\_\_\_

is certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown above.

\_\_\_\_\_ – REGISTER OF DEEDS FOR \_\_\_\_\_ COUNTY

By \_\_\_\_\_ Deputy/Assistant-Register of Deeds