

# POWER OF ATTORNEY ORGANIZER

rev. 1/1/2008

## 1. PERSONAL INFORMATION

Full Name		Social Security Number	Date of Birth	E-Mail Address (work and personal)	
Full Street Address			City/Town	State/Zip Code	Home Tel No.
					Cell Tel. No.

## 2. NAME THE PERSON OR PERSONS TO BE DESIGNATED AS YOUR ATTORNEY-IN-FACT

Designate your agent or co-agents (each an "Attorney-in-Fact" or AIF for short) to have powers over your assets/affairs (other than health) if you become incapacitated?

	Name of Your Agent Being Selected	Complete Address	Home Tel. No.	Other Tel. No.
Selected AIF (acting alone)				
Second AIF (if acting jointly)				
First Alternate				
Second Alternate				

## 3. THE SPECIFIC POWERS I AM GRANTING TO MY ATTORNEY-IN-FACT(S)

I grant my "Attorney-in-Fact" all powers listed below (A thru P)

I grant my "Attorney-in-Fact" limited powers (specify each power you wish to grant)

- |  |   |
|--|---|
| <input type="checkbox"/> A. real estate transactions               | <input type="checkbox"/> J. benefits from military service  |
| <input type="checkbox"/> B. chattel and goods transactions         | <input type="checkbox"/> K. records, reports and statements   |
| <input type="checkbox"/> C. bond, share and commodity transactions | <input type="checkbox"/> L. retirement benefit transactions   |
| <input type="checkbox"/> D. bank transactions                      | <input type="checkbox"/> M. making gifts to my spouse, children and more remote descendents, and parents not to exceed in the aggregate \$12,000 to each of such persons in 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 attorney(s)-in-fact to delegate any or all of the foregoing powers to any person(s) whom my attorney(s)-in-fact shall select |
| <input type="checkbox"/> H. claims and litigation                  |   |
| <input type="checkbox"/> I. personal relations and affairs         |   |

## 4. ADDITIONAL CLIENT INSTRUC ADDITIONAL CLIENT INSTRUCTIONS or LIMITATIONS TO THE POWERS BEING GRANTED ABOVE

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