



### SPECIAL INSTRUCTIONS

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

In addition to all of the powers listed in lines (A) through (M) above, I grant to my agent  
XX  
personally present and able to act, with respect to all other matters and affairs not  
XX health  
care decisions.

This power of attorney shall become effective as of 12/12/2003 and will continue until it is revoked.

XX  
EFFECTIVE IMMEDIATELY AND IT WILL CONTINUE UNTIL IT IS REVOKED.

~~This power of attorney will continue to be effective even though I become incapacitated.~~

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

I agree that any third party who receives a copy of this document may act under it. Revocation  
XX  
of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

**This sample represents only part of a completed document.  
The remainder of the document has intentionally been omitted.**

