

NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR “AGENT”) BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT’S AUTHORITY.

YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACUTALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT

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YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

(PRINCIPAL)

Date

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, _____, of _____ County, Pennsylvania, have made, constituted and appointed, and by these presents do make, constitute and appoint, _____, as my true and lawful Attorney (herein Agent), for me and in my name to act in, manage and conduct all my estate and all my affairs, and, for that purpose, for me and in my name, place and stead, and for my use and benefit, and as my act and deed, to do, perform and execute, or to concur with other persons jointly interested with myself therein in doing all acts, deeds, matters and things which I could do in my own person, including the receipt of any money on my behalf; to claim an elective share of the estate of my deceased spouse; to authorize my admission to a medical, nursing, residential or similar facility and to enter into agreements for my care; to authorize medical and surgical procedures; paying out of any money and debts, charges and expenses in respect to me or my estate; withdrawing moneys on deposit in any bank, savings and loan association or other financial institution in my name; drawing, making or endorsing checks; redeeming, reissuing, exchanging or transferring any bonds or other securities issued by the United States of America or any other governmental unit or by any other corporation; receiving, endorsing and collecting the proceeds of checks payable to my order and drawn on the Treasurer of the United States or on any other governmental official or unit; preparing, executing and filing tax returns and all other governmental reports, applications, requests or documents; making decisions on my medical reports or surgical treatment or hospitalization and employing physicians, nurses or other persons to care for me; executing and delivering deeds, mortgages or other instruments relating to my real estate; without intending by the enumeration aforesaid of certain powers to limit the authority of my said Agent to act in, manage and conduct all my estate and all my affairs and to make, execute and deliver any and all manner of instruments or writings necessary or convenient in conducting all my estate and all my affairs, as fully and effectually to all intents and purposes and I could do in my own proper person, with full power and authority in my said Agent to appoint and remove, at pleasure, any proxy or substitute for or agent

under them in respect to any of my matters, upon such terms and conditions as they may see fit.

I hereby nominate my Agent herein named as guardian of my estate and/or person in accordance with 20 Pa.C.S. §5604(C)(2) and any successor section which authorizes me to nominate the guardian of my estate and/or person if incompetency proceedings for my estate and/or person are hereafter commenced.

I specifically relieve and excuse my Agent from the requirement of keeping a full and accurate record of all actions, receipts and disbursements made by my Agent on my behalf.

In furtherance of the power above-stated with reference to decisions with regard to the furnishing of medical care to me in the event of my disability, I further direct that my Agent shall have the following authority and powers with reference thereto:

1. To authorize, withhold or withdraw medical care, surgeries, tests, and/or any other medical procedures.
2. To authorize, withhold or withdraw nutrition (food) or hydration (water) medically supplied by tube through my nose, stomach, intestines, arteries or veins.
3. To authorize my admission to or discharge from a medical, nursing, residential or similar facility and to make agreements for my care and health insurance for my care, including hospice and/or palliative care.
4. To hire and fire medical, social service and other support personnel responsible for my care.
5. To take any legal action necessary to do what I have directed.
6. To request that a physician responsible for my care issue a do-not-resuscitate (DNR) order, including an out-of-hospital DNR order, and sign any required documents and consents.
7. To request, review, and receive any information, verbal or written, regarding my personal affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain this information.

8. To employ and discharge physicians, psychiatrists, dentists, nurses, therapists and other professionals as my Agent deems necessary for my physical, mental and emotional well-being; and to pay them, or any of them, reasonable compensation.

This Instrument is also executed for the additional purposes of authorizing and empowering my said Agent to relieve me of the care of my property and also to use my property and my estate for my care and maintenance in the event that I should become incapacitated, without the necessity of having a guardian appointed for me; and the powers herein granted shall not be terminated or voided by my becoming incompetent to transact business through mental or physical disability. My intent is to relieve any and all members of my family of the burden of using their property for my maintenance and support so long as I have assets which may be used for that purpose.

My Agent is also authorized and empowered generally to do and perform all matters and things and transact all my business, and are given power to enter my safe deposit box or boxes. I give and grant unto my said Agent full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present; hereby ratifying and confirming all that the said Agent shall lawfully do or cause to be done therein by virtue of these presents.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal the _____ day of _____, 20____.

WITNESSES:

COMMONWEALTH OF PENNSYLVANIA :
: **SS**
COUNTY OF WARREN :

ON THIS, the ____ day of _____, 20____, before me, the undersigned officer, personally appeared, _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that _____ executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public

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I, _____ , have read the attached Power of Attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

(AGENT)

Date

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