

KENTUCKY POWER OF ATTORNEY FORM

I. APPOINTMENT OF AGENT

I, _____, (hereinafter referred to as the "Principal"),
residing at:

hereby appoint _____ (hereinafter referred to as the
"Agent"), residing at:

as my attorney-in-fact to act for me in any lawful way with respect to the subjects indicated
below.

II. DESIGNATION OF SUCCESSOR AGENT (OPTIONAL)

If my Agent resigns, dies, becomes incapacitated, is not qualified to serve, or declines to serve, I
appoint _____ as my Successor Agent to serve with the

same powers and authorities.

III. GRANT OF GENERAL AUTHORITY

I grant my Agent and any Successor Agent general authority to act for me with respect to the following subjects as defined in the Kentucky Uniform Power of Attorney Act (KRS Chapter 457).

(Check the boxes of the subjects you wish to grant authority for. You may check "All Preceding Subjects" to grant all powers.)

- Real Property (pursuant to KRS 457.270)
- Tangible Personal Property (pursuant to KRS 457.280)
- Stocks and Bonds (pursuant to KRS 457.290)
- Commodities and Options (pursuant to KRS 457.300)
- Banks and Other Financial Institutions (pursuant to KRS 457.310)
- Operation of Entity or Business (pursuant to KRS 457.320)
- Insurance and Annuities (pursuant to KRS 457.330)
- Estates, Trusts, and Other Beneficial Interests (pursuant to KRS 457.340)
- Claims and Litigation (pursuant to KRS 457.350)
- Personal and Family Maintenance (pursuant to KRS 457.360)
- Benefits from Governmental Programs or Civil or Military Service (pursuant to KRS 457.370)
- Retirement Plans (pursuant to KRS 457.380)
- Taxes (pursuant to KRS 457.390)
- All Preceding Subjects**

IV. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My Agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(Caution: Granting any of the following will give your Agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.)

_____ Create, amend, revoke, or terminate an inter vivos trust

_____ Make a gift, subject to the limitations of the Kentucky Uniform Power of Attorney Act

_____ Create or change rights of survivorship

_____ Create or change a beneficiary designation

_____ Authorize another person to exercise the authority granted under this power of attorney

_____ Waive the Principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

_____ Exercise fiduciary powers that the Principal has authority to delegate

V. DURABILITY AND EFFECTIVE DATE

This Power of Attorney shall be effective as follows (Check ONE):

DURABLE POWER OF ATTORNEY: This Power of Attorney shall become effective immediately upon the date of my signature below and shall not be affected by my subsequent

disability or incapacity, or by the lapse of time.

SPRINGING POWER OF ATTORNEY: This Power of Attorney shall become effective only upon my disability or incapacity. I shall be considered disabled or incapacitated if two (2) licensed physicians certify in writing that I am unable to manage my financial affairs.

NON-DURABLE POWER OF ATTORNEY: This Power of Attorney shall become effective immediately upon the date of my signature below and shall terminate automatically upon my disability, incapacity, or death.

VI. LIMITATION ON AGENT'S AUTHORITY

An Agent that is not my ancestor, spouse, or descendant **MAY NOT** use my property to benefit the Agent or a person to whom the Agent owes an obligation of support unless I have included that authority in the Special Instructions.

VII. SPECIAL INSTRUCTIONS (OPTIONAL)

On the following lines, I may give special instructions limiting or extending the powers granted to my Agent:

VIII. NOMINATION OF CONSERVATOR OR GUARDIAN

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Nominee's Name: _____

Nominee's Address: _____

IX. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my Agent, may rely upon the validity of this Power of Attorney or a copy of it unless that person knows it has terminated or is invalid.

X. REVOCATION

I hereby revoke all Powers of Attorney previously made by me. This Power of Attorney shall remain in full force and effect until I revoke it in writing or until my death.

XI. GOVERNING LAW

This Power of Attorney shall be governed by the laws of the Commonwealth of Kentucky, specifically the Kentucky Uniform Power of Attorney Act (KRS Chapter 457).

XII. SIGNATURE AND ACKNOWLEDGMENT

I, the Principal, sign my name to this Power of Attorney this _____ day of _____, 20____, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Power of Attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the Power of Attorney, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

WITNESS ATTESTATION

We, the witnesses, each sign this instrument in the presence of the Principal and of each other, and certify that the Principal signed it willingly and that each of us is a legal adult.

Witness 1

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

Witness 2

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

NOTARY ACKNOWLEDGMENT

Commonwealth of Kentucky

County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____, by _____ (Name of Principal).

Signature of Notary Public: _____

Date: _____ day of _____, 20____

Print Name: _____

My Commission Expires: _____ day of _____, 20____

Notary ID Number: _____

(Seal)

AGENT'S CERTIFICATION AND ACCEPTANCE OF AUTHORITY

I, _____ (Name of Agent), certify that the Principal granted me authority as an agent or attorney-in-fact in this Power of Attorney. I accept this appointment and agree to act in the Principal's best interest and in accordance with the Kentucky Uniform Power of Attorney Act.

Signature of Agent: _____

Date: _____ day of _____, 20____

Print Name: _____