

Durable Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS, that I, _____, of Elkhart County, State of Indiana, have made, constituted and appointed, and by these presents do make, constitute and appoint:

(Name of attorney-in-fact) _____

(Address) _____

(Home telephone) _____ (Work/cell telephone) _____

and/or:

(Name of attorney-in-fact) _____

(Address) _____

(Home telephone) _____ (Work/cell telephone) _____

as my true and lawful attorneys, each with the absolute right, power and authority for me and in my name, place and stead to perform all acts, functions and activities and to have all powers as set forth and contained in Indiana Code 30-5-5-2 through and including Indiana Code 30-5-5-15.

Generally, to do and perform any and every act and to sign any and all documents that may be customary or required in connection with any power that is set forth in the foregoing instrument.

This power of attorney is effective immediately and shall not be affected by the subsequent disability or incapacity of the principal, or lapse of time, and the authorities conferred herein shall be exercisable by my said attorney until such time as I have executed a written revocation hereof.

I further direct that the recital herein of specific powers and documents shall not be construed to exclude any power or right and authority to execute any documents that would, by business usage and custom, be deemed to be part of any transaction coming within the power and authority hereinbefore granted.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20__.

STATE OF INDIANA)
) SS:
COUNTY OF ELKHART)

Before me, the undersigned, a Notary Public in and for said county and state, this ____ day of _____, 20__, personally appeared the within named _____ and acknowledged the execution of the above and foregoing Power of Attorney for the uses and purposes therein set forth.

WITNESS my hand and Notarial Seal.
