POWER OF ATTORNEY NEW YORK STATUTORY SHORT FORM

(a) CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the "principal," you give the person whom you choose (your "agent") authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. "Important Information for the Agent" at the end of this document describes your agent's responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a "Health Care Proxy" to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.nysenate.gov or www.nyssembly.gov.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) **DESIGNATION OF AGENT(S):**

(name of principal)	(address of principal)
reby appoint:	
(name of agent)	(address of agent)
(name of second agent)	(address of second agent)



If you	9	you do not initial the statement below, they must act	
(_) My agents may act SEPARATELY.		
(c)	DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL) If any agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):		
	(name of successor agent)	(address of successor agent)	
	(name of second successor agent),	(address of second successor agent)	
If yo	u do not initial the statement below, success	sor agents designated above must act together.	
(_) My successor agents may act SEPARAT.	ELY.	
You	may provide for specific succession rules i	n this section. Insert specific succession provisions here:	
(d) (e)	This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under "Modifications". This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under "Modifications."		
(f)	GRANT OF AUTHORITY: To grant your agent some or all of the authority below, either (1) Initial the bracket at each authority you grant, or (2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.		
throu	I grant authority to my agent(s) with resp igh 5-1502N of the New York General Obli	pect to the following subjects as defined in sections 5-1502A gations Law:	
(_) (A) real estate transactions;		
(_) (B) chattel and goods transactions;		
(_) (C) bond, share, and commodity transa	ctions;	
(_) (D) banking transactions;		
(_) (E) business operating transactions;		
(_) (F) insurance transactions;		
(_) (G) estate transactions;		

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(_)	(H) claims and litigation;
(_)	(I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five thousand dollars;
(_)	(J) benefits from governmental programs or civil or military service;
(_)	(K) financial matters related to health care; records, reports, and statements;
(_)	(L) retirement benefit transactions;
(_)	(M) tax matters;
(_)	(N) all other matters;
(_)	(O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
(_)	(P) EACH of the matters identified by the following letters
		You need not initial the other lines if you initial line (P).
and/o Modi must agent chang discu	or tific extends ge	In order to authorize your agent to make gifts in excess of an annual total of \$5,000 for all gifts ed in (I) of the grant of authority section of this document (under personal and family maintenance), to make changes to interest in your property, you must expressly grant that authorization in the cations section below. If you wish to authorize your agent to make gifts to himself or herself, you expressly grant such authorization in the Modifications section below. Granting such authority to your ives your agent the authority to take actions which could significantly reduce your property and/or how your property is distributed at your death. Your choice to grant such authority should be ed with a lawyer. I grant my agent authority to make gifts in accordance with the terms and conditions of the cations that supplement this Statutory Power of Attorney.
(h)		MODIFICATIONS: (OPTIONAL)
gifts transa assets if you	to act s f	In this section, you may make additional provisions, including, but not limited to, language to limit lement authority granted to your agent, language to grant your agent the specific authority to make himself of herself, and /or language to grant your agent the specific authority to make other gift tions and/or changes to interests in your property. Your agent is entitled to be reimbursed from your or reasonable expenses incurred on your behalf. In this section, you may make additional provisions ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, a may define "reasonable compensation."
(i)		DESIGNATION OF MONITOR(S): (OPTIONAL)
		If you wish to appoint monitor(s), initial and fill in the section below:
as mo	oni ow	I wish to designate, whose address(es) is (are), itor(s). Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of ver of attorney and a record of all transactions done or made on my behalf. Third parties holding of such transactions shall provide the records to the monitor(s) upon request.

(j) COMPENSATION OF AGENT(S):

Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, and/or you wish to define "reasonable compensation", you may do so above, under "Modifications".

(k) ACCEPTANCE BY THIRD PARTIES:

SIGNATURE AND ACKNOWLEDGMENT.

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

(I) TERMINATION:

(m)

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

(111)	SIGNATURE AND ACKNOWLEDGMENT.			
	In Witness Whereof I have hereunto signed my name on, 20			
	PRINCIPAL signs here: ==	==>		
STAT	E OF NEW YORK)) ITY OF)	ss:		
COON	On the day of	, 20, before me, the undersigned, personally appeared onally known to me or proved to me on the basis of satisfactory		
that he	ce to be the individual whose its/she executed the same in his/l	name is subscribed to the within instrument and acknowledged to me her capacity, and that by his/her signature on the instrument, the of which the individual acted, executed the instrument.		
		Notary Public		
(n)	SIGNATURE OF WITNE	SSES:		
princip princip	ce and in the presence of the o pal's signature was affixed by l pal has stated that this Power o	nowledge that the principal signed the Power of Attorney in my ther witness, or that the principal acknowledged to me that the nim or her or at his or her direction. I also acknowledge that the f Attorney reflects his or her wishes and that he or she has signed it is an agent or as a permissible recipient of gifts.		
	Signature of Witness 1	Signature of Witness 2		



New York State Bar Association

New York Statutory Short Form Power of Attorney, Eff. 6/13/21

Print name	Print name
Address	Address
City, State, Zip Code	City, State, Zip Code

(0) IMPORTANT INFORMATION FOR THE AGENT:

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record of all transactions conducted for the principal or keep all receipts of payments and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in the modifications section of this document or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest.

You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.



(p) AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

It is not required that the prisign at the same time.	incipal and the agent(s) sign at the same time,	, nor that multiple agents
I/we,	, have read the foregoing Power of A	Attorney. I am/we are the
I/we acknowledge my/our le	egal responsibilities.	
In Witness Whereof I have	hereunto signed my name on	20
Agent(s) sign(s) here:	==>	
STATE OF NEW YORK) COUNTY OF)	==> ss:	
, personally be the individual whose name is sub executed the same in his/her capacity	, 20, before me, the undersigned, per y known to me or proved to me on the basis of escribed to the within instrument and acknowless, and that by his/her signature on the instrumitation in the instrument.	f satisfactory evidence to edged to me that he/she
	Notary Public	
(q) SUCCESSOR AGENT'S SIGN	NATURE AND ACKNOWLEDGMENT O	F APPOINTMENT:
that multiple SUCCESSOR agents s	incipal and the SUCCESSOR agent(s), if any sign at the same time. Furthermore, successor designated above is/are unable or unwilling	agents can not use this
I/we,	, have read the foregoing Power of ACESSOR agent(s) for the principal named the	Attorney. I am/we are the rein.
In Witness Whereof I have	hereunto signed my name on	20
Successor Agent(s) sign(s)	here: ==>	



New York State Bar Association New York Statutory Short Form Power of Attorney, Eff. 6/13/21

STATE OF NEW Y	ORK)	
COUNTY OF)	SS:
On the	•	, 20, before me, the undersigned, personally appeared known to me or proved to me on the basis of satisfactory evidence to be
executed the same i	n his/her capacit	bed to the within instrument and acknowledged to me that he/she y, and that by his/her signature on the instrument, the individual, or the vidual acted, executed the instrument.
		Notary Public