Durable Power of Attorney — State of Arkansas

State of Arkansas

DESIGNATION OF AGENT

I, _____ ("Principal"), of _____, reachable at _____ and _____, hereby appoint:

_____ ("Agent"), my _____, of _____, reachable at _____ and _____,

as my true and lawful attorney-in-fact, to act in my name, place, and stead in the manner set forth in this document.

SUCCESSOR AGENT

No successor agent has been named. If the Agent named above is unable or unwilling to serve, this Power of Attorney shall terminate as to any unexercised authority.

DURABILITY

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY THE SUBSEQUENT DISABILITY OR INCAPACITY OF THE PRINCIPAL. This is a Durable Power of Attorney and shall remain in full force and effect notwithstanding the later incapacity or mental disability of the Principal.

EFFECTIVE DATE

This Power of Attorney shall become effective immediately upon execution by the Principal.

POWERS GRANTED

Agent shall have general authority to act on behalf of the Principal in financial and legal matters, including but not limited to: banking and financial transactions, contracts, tax matters, business operations, and legal claims. This POA does NOT include authority over real estate transactions. This POA does NOT include authority over banking and financial accounts.

GIFTS

Agent is NOT authorized to make gifts of the Principal's property or assets to any person, including Agent, unless separately and expressly authorized in writing by the Principal.

COMPENSATION

Agent shall serve without compensation, but shall be entitled to reimbursement for reasonable expenses incurred in carrying out their duties under this Power of Attorney.

TERMINATION

This Power of Attorney shall terminate upon the earliest of: (a) the Principal's death; (b) the Principal's revocation of this Power of Attorney in writing; (c) the Agent's resignation, death, or incapacity, if no successor agent is named or able to serve; or (d) if applicable, a date or event specifically stated elsewhere in this document.

AGENT'S DUTIES

Agent accepts the duties of a fiduciary and agrees to act in the best interest of the Principal, to keep Agent's own property separate from Principal's property, and to keep accurate records of all transactions conducted on Principal's behalf.

This Power of Attorney does not authorize Agent to make health care decisions. A separate health care power of attorney or advance directive is required for medical decision-making authority.

GENERAL PROVISIONS

This Power of Attorney shall be governed by the laws of the State of Arkansas.

Third parties may rely on this Power of Attorney and on a copy or electronic copy as they would on the original.

Principal may revoke this Power of Attorney at any time by providing written notice to the Agent and to any third parties relying on it.

AGENT'S ACCEPTANCE

AGENT'S ACCEPTANCE AND ACKNOWLEDGMENT: By signing below, _____ accepts appointment as Agent and acknowledges the legal and fiduciary responsibilities of that role, including the duty to act in the Principal's best interest, to avoid conflicts of interest and self-dealing, to keep the Principal's property separate, and to maintain accurate records.

Agent Signature: _____ Date: _____

STATE-REQUIRED PROVISIONS

ARKANSAS UNIFORM POWER OF ATTORNEY ACT (ARK. CODE ANN. § 28-68-105): DURABLE POWER OF ATTORNEY GRANTING FINANCIAL AND PROPERTY MANAGEMENT POWERS. MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

SIGNATURES

_____
Signature
Principal: _____
Date: _____

_____
Signature
Agent: _____
Date: _____

WITNESS DECLARATIONS

The undersigned witnesses hereby declare under penalty of perjury that the principal signed this document in our presence.

_____
Witness 1 Signature
Name: _____
Address: _____
Date: _____

_____
Witness 2 Signature
Name: _____
Address: _____
Date: _____

NOTARY ACKNOWLEDGMENT

STATE OF ARKANSAS **COUNTY OF _____**

On this _____ day of _____, 20___, before me, the undersigned notary public, personally appeared the Principal/Testator, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

_____
Notary Public Signature

My Commission Expires: _____

[Place Seal Here]