

Special Power of Attorney

I, _____(1)_____, of _____(2)_____, hereby appoint
_____(3)_____ of _____(4)_____, as my
attorney in fact to act in my capacity to do any and all of the following:

(DESCRIBE THE EXTENT OF AUTHORITY YOU ARE GIVING TO YOUR
ATTORNEY-IN-FACT)

The rights, powers, and authority of my attorney in fact to exercise any and all of the
rights and powers herein granted shall commence and be in full force and effect on
_____(5)_____, 19__ (6)_, and shall remain in full force and effect until
_____(7)_____ or unless specifically extended or rescinded earlier by
either party.

Dated ____ (8)____, 19__ (9)_.
_____(10)_____

STATE OF _____ (11)_____

COUNTY OF _____ (12)_____

BEFORE ME, the undersigned authority, on this __ (13)__ day of _____ (14)_____,
19__ (15)_, personally appeared _____ (16)_____ to me well known to be
the person described in and who signed the Foregoing, and acknowledged to me that he
executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

_____(17)_____

NOTARY PUBLIC

My Commission Expires: __ (18)_____