

**NEW YORK STATUTORY SHORT FORM  
DURABLE GENERAL POWER OF ATTORNEY**

**THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED OR INCOMPETENT.**

**NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO MORTGAGE, SELL, OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THE POWERS THAT YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN NEW YORK GENERAL OBLIGATIONS LAW, ARTICLE 5, TITLE 15, SECTIONS 5-1502A THROUGH 5-1503, WHICH EXPRESSLY PERMITS THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY.**

**THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.**

THIS DOCUMENT is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, \_\_\_\_\_ [name]

of \_\_\_\_\_ [full address]

\_\_\_\_\_ [full address]

do hereby appoint:

\_\_\_\_\_ [name]

of \_\_\_\_\_ [full address]

\_\_\_\_\_ [full address]

**[If 2 or more persons are to be appointed agents by you, insert additional name and address lines for each person]**

my attorney(s)-in-fact TO ACT

**(If more than one agent is designated, choose one of the following options by writing your initials in the blank space to the left of the option. If neither space is initialed, the agents will be required to act TOGETHER.)**

\_\_\_\_\_ Each agent may SEPARATELY act.

\_\_\_\_\_ All agents must act TOGETHER.

in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

*(Initial each box below for those matters over which you want to give your agent(s) authority. If the blank space within a box is not initialed, NO AUTHORITY WILL BE GRANTED for matters that fall under that category. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in item (Q) and you may then initial in the blank space to the left of item (Q) in order to grant each of the powers so indicated)*