

MONTANA STATUTORY FORM OF POWER OF ATTORNEY

NOTICE: THIS IS AN IMPORTANT DOCUMENT. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD AND SWEEPING POWERS, WHICH ARE EXPLAINED IN THIS PART. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME AFTER MAKING IT, IF YOU WISH TO DO SO. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

FOR THIS DOCUMENT TO BE LEGALLY SUFFICIENT, IT SHOULD BE SUBSTANTIALLY IN THIS FORM, IT SHOULD BE PROPERLY COMPLETED, AND YOUR SIGNATURE MUST BE ACKNOWLEDGED BY A NOTARY PUBLIC.

I, _____ [name]
of _____ [full address]

do hereby appoint:

_____ [name of agent]
of _____ [full address]

my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

(TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE SPACE IN FRONT OF PARAGRAPH (N) AND IGNORE THE SPACES IN FRONT OF THE OTHER POWERS. TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE SPACE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT INITIAL THE SPACE IN FRONT OF IT. YOU MAY, BUT ARE NOT REQUIRED TO, CROSS OUT EACH POWER WITHHELD.)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | (a) real property transactions |
| <input type="checkbox"/> | (b) tangible personal property transactions |
| <input type="checkbox"/> | (c) stock and bond transactions |
| <input type="checkbox"/> | (d) commodity and option transactions |
| <input type="checkbox"/> | (e) banking and other financial institution transactions |
| <input type="checkbox"/> | (f) business operating transactions |
| <input type="checkbox"/> | (g) insurance and annuity transactions |
| <input type="checkbox"/> | (h) estate, trust and other beneficiary transactions |
| <input type="checkbox"/> | (i) claims and litigation |
| <input type="checkbox"/> | (j) personal and family maintenance |
| <input type="checkbox"/> | (k) benefits from social security, medicare, medicaid or other governmental programs or from military service |
| <input type="checkbox"/> | (l) retirement plan transactions |
| <input type="checkbox"/> | (m) tax matters |
| <input type="checkbox"/> | (n) ALL OF THE POWERS LISTED ABOVE <i>(You need not initial any other spaces if you initial the space in front of this line. However if you do initial in front of any other power, and you have also initialed the space in front of this line, the provisions of this line (n) will apply.)</i> |

THIS IS A 3-PAGE FORM.