

STATE OF OHIO

STATUTORY FORM POWER OF ATTORNEY

Important Information

This Power of Attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act (Sections 1337.21 to 1337.64 of the Ohio Revised Code).

This Power of Attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the Power of Attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your Power of Attorney will end unless you have named a successor agent. You may also name a second successor agent.

This Power of Attorney becomes effective immediately unless you state otherwise in the Special Instructions.

Actions Requiring Express Authority

Unless expressly authorized and initialed by me in the Special Instructions, this Power of Attorney **does not** grant authority to my agent to do any of the following:

- (1) create a trust;
- (2) amend, revoke, or terminate an inter vivos trust, even if specific authority to do so is granted to the agent in the trust agreement;
- (3) make a gift;
- (4) create or change rights of survivorship;
- (5) create or change a beneficiary designation;
- (6) delegate authority granted under the Power of Attorney;
- (7) waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan; or
- (8) exercise fiduciary powers that the principal has authority to delegate.

CAUTION: Granting any of the above eight powers will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.

If you have questions about the Power of Attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, **Client Name**, name the following person as my agent:

Name of Agent _____

Agent's Address: _____

Agent's Telephone Number: _____

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent _____

Successor Agent's Address: _____

Successor Agent's Telephone Number: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act (Sections 1337.21 to 1337.64 of the Ohio Revised Code).

Initial each subject you want to include in the agent's general authority. If you wish to grant general authority over all the subjects, you may initial, "All Preceding Subjects" instead of initialing each subject.

() Real Property, located at address _____

() Tangible Personal Property

() Stocks and Bonds

() Commodities and Options

() Banks and Other Financial Institutions, including _____

() Operation of Entity or Business

() Insurance and Annuities

() Estates, Trusts, and Other Beneficial Interests

- () Claims and Litigation
- () Personal and Family Maintenance
- () Benefits from Governmental Programs or Civil or Military Service
- () Retirement Plans
- () Taxes
- () All Preceding Subjects

If you wish to grant general authority over your Digital Assets, you may initial the "Digital Assets" line below.

() Digital Assets.

By initialing the line above, I am expressly authorizing my Agent to continue, transfer, terminate and otherwise have full access and control over all my digital assets in which I have a right or interest, including access to any catalogue of electronic communications and the content of such communications. My Agent shall have authority to obtain access to all digital accounts and their content and to obtain all passwords and access codes. Digital assets include, but are not limited to, all social networking (such as Facebook and LinkedIn) and email accounts, as well as online bank, stock and financial accounts, websites, blogs and any other information that exists in digital media such as address books and client lists.

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

I grant my agent and any successor agent the power to create an irrevocable Qualified Income Trust, a.k.a. Miller Trust, on my behalf, for the purpose of allowing me to qualify for Medicaid benefits.

You may give additional special instructions on the following lines:

EFFECTIVE DATE

This Power of Attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF GUARDIAN

If it becomes necessary for a court to appoint a guardian of my estate or my person, I nominate the following person(s) for appointment:

Name of Nominee for guardian of my estate: _____

Nominee's Address: _____

Nominee's Telephone Number: _____

Name of Nominee for guardian of my person: Designated on HCPOA _____

Nominee's Address: _____

Nominee's Telephone Number: _____

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this Power of Attorney or a copy of it unless that person knows it has terminated or is invalid.

[Signatures on Following Page]

SIGNATURE AND ACKNOWLEDGEMENT

Signature

Date

Principal's Name _____

Address _____

Telephone Number _____

E-mail Address _____

STATE OF OHIO

SS:

COUNTY OF _____

The foregoing instrument was acknowledged before me on _____, 20__, by _____, who is known to me or from whom I have obtained adequate proof of identity.

Notary Public

My commission expires:

This document prepared by:

IMPORTANT INFORMATION FOR AGENT

Agent's Duties

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 upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property, or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this Power of Attorney;
- (4) attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's interest; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this Power of Attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) death of the principal;
- (2) the principal's revocation of the Power of Attorney or your authority;
- (3) the occurrence of a termination event stated in the Power of Attorney;
- (4) the purpose of the Power of Attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this Power of Attorney state that such an action will not terminate your authority.

Liability of Agent

The meaning of the authority granted to you is defined in the Uniform Power of Attorney Act (Sections 1337.21 to 1337.64 of the Ohio Revised Code). If you violate the Uniform Power of Attorney Act (Sections 1337.21 to 1337.64 of the Ohio Revised Code) or act outside the authority granted, you may be liable for any damages caused by your violation.

IF THERE IS ANYTHING ABOUT THIS DOCUMENT OR YOUR DUTIES THAT YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL ADVICE.