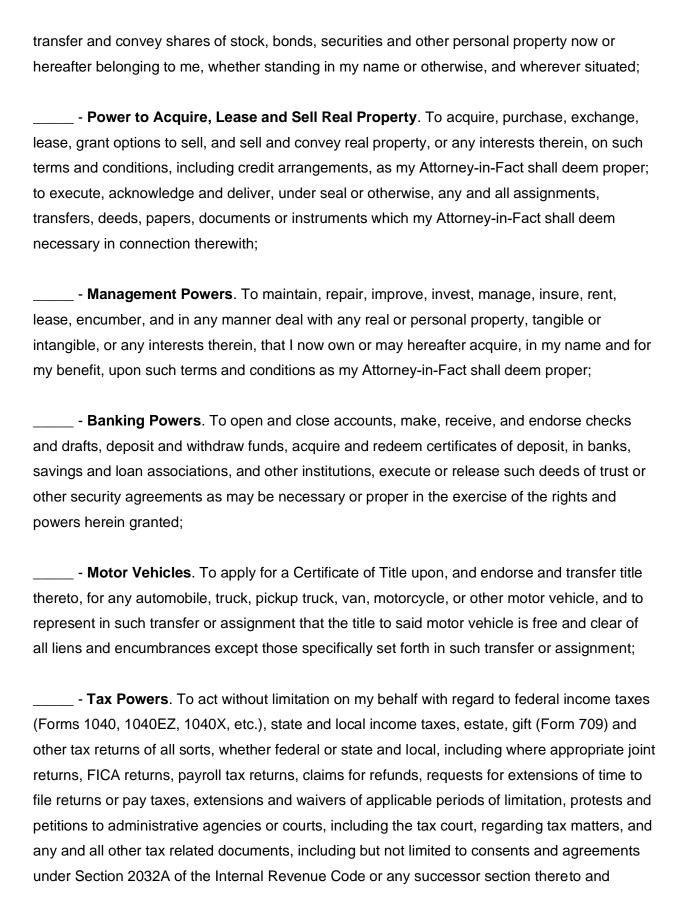
# NORTH DAKOTA GENERAL POWER OF ATTORNEY

I, \_\_\_\_\_, the Principal, of

	(Principal Address),	
hereby designate	(Attorney-in-Fact Name), of	
	(Attorney-in-Fact	
Address), my Attorney-in-Fact (hereinafter my "Attor	ney-in-Fact"), to act as set forth below, in	
my name, in my stead and for my benefit, hereby re	voking any and all powers of attorney I may	
have executed in the past.		
I. POWERS		
I confer upon my Attorney-in-Fact the power to act o	on my behalf and in my stead, as if I were	
present, and to exercise or perform the acts or power	ers I have designated with my initials as set	
forth below.		
My Attorney-in-Fact shall NOT have the power to	act on my behalf if I have not so	
designated the power with my initials.		
Power to Make Payments or Collect Mon	ies Owed. My Attorney-in-Fact has the	
power to make any payments on any accounts I ma	y owe and to hold, collect and request any	
sums that may be due, owing or payable to me or in	which I may hereinafter acquire an interest,	
in whatever form, whether liquidated or un-liquidated	d, to have, use, and take all lawful means in	
my name for the collection and recovery thereof, an	d to adjust, sell, compromise, and agree for	
the same and to execute and deliver for me, on my	behalf, and in my name, all endorsements,	
releases, receipts, or other sufficient discharges for	the same;	
Power to Acquire, Lease and Sell Persor	al Property. To acquire, purchase,	
exchange, lease, grant options to sell, and sell and	convey personal property, or any interests	
therein, on such terms and conditions, including cre-	dit arrangements, as my Attorney-in-Fact	
shall deem proper; to execute, acknowledge and de	liver, under seal or otherwise, any and all	
assignments, transfers, titles, papers, documents or	instruments which my Attorney-in-Fact shall	
deem necessary in connection therewith; to purchase	se, sell or otherwise dispose of, assign,	

**eSign** Page 1 of 7



**eSign** Page 2 of 7

consents to split gifts and closing agreements, for all tax periods from 1980 through 2050, and for all jurisdictions; to complete Internal Revenue Service Form 2848, Power of Attorney and Declaration of Representative (or other prescribed form) on my behalf as well as to perform all other functions contemplated by that form whether they are required or merely permissible; to consent to any gift and to utilize any gift-splitting provisions or other tax election; and to prepare, sign, and file any claims for refund of any tax; to post bonds, receive confidential information and contest deficiencies determined by the Internal Revenue Service or any state or local taxing authority; to exercise any and all elections that I may have under federal, state or local tax laws including without limitation the allocation of any generation-skipping tax exemption to which I may be entitled; to the extent that I may have omitted some power or discretion, some tax period, some form or some jurisdiction, I hereby grant to my Attorney-in-Fact the power to amend the Internal Revenue Service form power of attorney (presently Form 2848 or Form 2848-D) in my name;

\_\_\_\_\_ - Safe-Deposit Boxes. To have access at any time or times to any safe-deposit box rented by me or to which I may have access, where so ever located, including drilling, if necessary, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe-deposit box; and any institution in which any such safe-deposit box may be located shall not incur any liability to me or my estate as a result of permitting my Attorney-in-Fact to exercise this power;

\_\_\_\_\_\_ - Gift Making Powers. To make gifts, grants, or other transfers (including the forgiveness of indebtedness and the completion of any charitable pledges I may have made) without consideration, either outright or in trust to such person(s) (including my Attorney-in-Fact hereunder) or organizations as my Attorney-in-Fact shall select, including, without limitation, the following actions: (a) transfer by gift in advancement of a bequest or devise to beneficiaries under my will or in the absence of a will to my spouse and descendants in whatever degree; and (b) release of any life interest, or waiver, renunciation, disclaimer, or declination of any gift to me by will, deed, or trust;

\_\_\_\_\_ - Lending and Borrowing. To make loans in my name; to borrow money in my name, individually or jointly with others; to give promissory notes or other obligations therefor; and to deposit or mortgage, as collateral or for security for the payment thereof, any or all of my

eSign Page 3 of 7

situated, held by me personally or in trust for my benefit;
Contracts. To enter into contracts of whatever nature or kind in my name;
Health Care. To take any and all steps necessary to arrange for my admission to any
type of health care facility, including, without limitation, a hospital, rehabilitation facility, skilled
nursing facility, or hospice, and to authorize the release of my medical records in the discretion
of my Attorney-in-Fact;
HIPAA. To have the power and authority as my personal representative for all purposes
of the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191);
Power to Hire and Pay for Services. To retain such accountants, attorneys, social
workers, consultants, clerks, employees, workers, or other persons as my agent shall deem
appropriate in connection with the management of my property and affairs and to make
payments from my assets for the fees of such persons so employed;
Reimbursement of Attorney-in-Fact. To reimburse my Attorney-in-Fact for any
reasonable expenses incurred in connection with such services; and
Power to Sue Third Parties Who Fail to Act Pursuant to Power of Attorney. If any
third party (including stock transfer agents, title insurance companies, banks, credit unions, and
savings and loan associations) with whom my Attorney-in-Fact seeks to transact refuses to
recognize my Attorney-in-Fact's authority to act on my behalf pursuant to this Power of Attorney
I authorize my Attorney-in-Fact to sue and recover from such third party all resulting damages,
costs, expenses, and attorney's fees incurred because of such failure to act. The costs,
expenses, and attorney's fees incurred in bringing such action shall be charged against my
general assets, to the extent that they are not recovered from said third party.
- Other. Power to conduct the following:

securities, real estate, personal property, or other property of whatever nature and wherever

**eSign** Page 4 of 7

### II. INTERPRETATION AND GOVERNING LAW

This instrument is to be construed and interpreted as a general non-durable power of attorney. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my Attorney-in-Fact. For a third party to construe otherwise would be contrary to my intent. This instrument is executed and delivered in the State of North Dakota and the laws of such state shall govern all questions as to the validity of this power and the construction of its provisions. Nevertheless, I intend that this instrument be given full force and effect in any state or country in which I may find myself or in which I may own property, whether real or personal. I direct that my Attorney-in-Fact not be required to give bond and, if any bond is required, that no sureties be required. I direct that photocopies of this instrument shall have the same power and effect as the original.

## III. EFFECTIVE DATE AND TERMINATION

To indicate when this document shall become effective, initial one of the following:
Upon the signing date of this document with my authorization.
OR
The following date: (mm/dd/yyyy).
To indicate when this document shall become terminated, <u>initial</u> all of the following that apply (termination is effective at which of the following occurs first):
On the following date: (mm/dd/yyyy).
When I have made a written revocation.
When and if I become incapacitated and unable to make decisions as determined by a physician.

**eSign** Page 5 of 7

### IV. THIRD PARTY RELIANCE

Any party dealing with my Attorney-in-Fact hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my Attorney-in-Fact as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my Attorney-in-Fact or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my Attorney-in-Fact shall lawfully do under this instrument. Any gift of property made by my Attorney-in-Fact in the proper exercise of the gift-making powers specifically granted in section I (9) herein shall be a full and complete delivery of title upon which third-party purchasers for value may rely. My Attorney-in-Fact is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.

IN WITNESS WHEREOF, I have	e executed this General Non-Durable Power of Attorney on m/dd/yyyy).
Principal Signature	
Print Name	
ACC	EPTANCE OF APPOINTMENT
l,	, the Attorney-in-Fact named above, hereby accept
appointment as Attorney-in-Fact	in accordance with the foregoing instrument.
Attorney-in-Fact Signature	
Print Name	<del></del>

eSign Page 6 of 7

## **WITNESS**

We, the witnesses, each do hereby declare in the presence of the Principal that the Principal signed and executed this instrument as his Power of Attorney in the presence of each of us, that he signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the Principal and in his presence, and that, to the best of our knowledge, the Principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness Signature	Address	
Print Name		
Witness Signature	Address	
Print Name		
ACKI	IOWLEDGMENT OF NOTARY PUBLIC	
STATE OF		
COUNTY OF	, ss.	
	(mm/dd/yyyy), before me appeared, as Principal of this Power of Attorney who proved	d to me
	photo identification to be the above-named person, who in m	
presence executed the fore	going instrument and acknowledged that he executed the sar	ne as
his free act and deed.		
(a.a.l)	Notary Public	
(seal)	My Commission Expires:	

**eSign** Page 7 of 7