

GENERAL POWER OF ATTORNEY

I, _____, residing at _____,
_____ County, State of Kansas, hereby appoints _____,
D.O.B. _____, who resides at _____,
_____ County, State of Kansas, as my Attorney-in-Fact, to act in my name
and place, and for my benefit on my behalf with authority to do the following:

1. Open, maintain or close bank accounts (including, but not limited to checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
 - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
 - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
 - c. Have access to any safety deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me.
3. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
4. Conduct any legal affairs on my behalf.
5. Enter into binding contracts on my behalf.
6. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired), including but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession).
7. Prepare, sign, and file documents with any governmental body or agency, including but not limited to, authorization to:
 - a. Prepare, sign and file income and other tax returns with federal, state, and local and other governmental bodies.
 - b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency.
 - c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits.

This Power of Attorney is intended to be a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

I hereby grant to my Attorney-in-Fact full right, power and authority to do every act, deed and thing necessary or advisable to be done concerning the above powers, as fully as I could do if personally present and acting.

This Power of Attorney shall become effective immediately, shall not be affected by my disability or lack of mental competence, and shall continue effective until my death; provided, however, that this Power may be revoked by me as to my Attorney-in-Fact at any time by written notice to my Attorney-in-Fact.

Dated this _____ day of _____, _____, at _____,
Kansas, USA.

NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

State of Kansas)
)
County of _____)

On this _____ day of _____, _____, before me, the undersigned Notary Public for the State of Kansas, personally appeared _____ to me known (or to me proved) to be the identical person named in and who executed the above General Power of Attorney, and acknowledged that such person executed it as such person's voluntary act and deed.

Notary Public

My Commission expires: