

GENERAL DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, \_\_\_\_\_,  
of \_\_\_\_\_, County of \_\_\_\_\_, Commonwealth of Massachusetts,  
do by these presents hereby make, constitute and appoint \_\_\_\_\_, of  
\_\_\_\_\_, County of \_\_\_\_\_, Commonwealth of Massachusetts,  
my true and lawful attorney for me and in my name, place and stead, generally to act as  
my agent or attorney in fact in relation to all matters in which I may be interested or  
concerned, and as such to do all acts and things and to execute all instruments as fully  
and effectually in all respects as I myself could do if personally present, excepting only  
such acts and things as the law of the place where they are to be done (including the  
conflicts of law rules) or their nature would make impossible, it being my intention,  
regardless of the mention hereafter of any powers which may be specifically included in  
this general power, to make this a full, complete and general power of attorney. This  
power of attorney shall not be affected by my subsequent disability or incapacity.

I include in the aforesaid general power, without in any way limiting its  
generality, the power to exercise general control and supervision over all my property,  
both real and personal, wherever situated; to collect all dividends, interest, rents and other  
income, and; to deposit and withdraw monies in any accounts at any bank or trust  
company.

I give unto my said attorney in fact full authority and power to do  
whatsoever is requisite and necessary to be done in the foregoing, as fully as I could if  
personally present, with full power of substitution, hereby ratifying and confirming all  
that my said attorney or his substitute shall lawfully do, or cause to be done by virtue  
hereof.

I covenant for myself, my heirs, executors and assigns to hold said  
attorney harmless from any liability for any acts, otherwise proper, performed under this  
power after my death or other incapacity may have revoked it, so long as such acts are  
performed by said attorney in good faith and in the belief that this power is still in effect  
and my said attorney shall not be deemed to have acted in bad faith merely because of  
doubts raised by unconfirmed reports of my death or other incapacity.

Should protective proceedings for my person or estate be commenced  
hereafter, I request that the Court appoint the attorney named herein as conservator or  
guardian, as the case may be.

Wherever in the above document the pronoun "he" or "his" is used it shall  
apply to the feminine gender where appropriate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS**  
**County of \_\_\_\_\_**

ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which was/were \_\_\_\_\_, to be the person(s) whose name(s) was/were signed on the preceding or attached document in my presence.

\_\_\_\_\_  
Official Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary

My Commission Expires \_\_\_\_\_