

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That _____,
whose Social Security Number is _____, of _____,
Baker County, Florida, hereby make, constitute and appoint, _____,
his/her Social Security Number is _____, of _____,
Baker County, Florida my true and lawful attorney, for me in my name, place and stead, and for my use
and benefit to include only the authority for the attorney in fact to arrange for and consent to medical
therapeutical, and surgical procedure for the principal including the administration of drugs.

It is my specific intent to give and grant hereby to my attorney full power and authority to do
and perform each and every act and thing whatsoever requisite ad necessary to b done in or on my
behalf, or about the premises , as fully to all intents and purposes as I might do it personally present and
acting without any limitation(s) whatsoever.

This Durable Power of Attorney shall not be affected or revoked by my disability or
incompetency, except as provided by Section 709.08, Florida Statutes. Notification has been made
pursuant to Section 709.08(4), Florida Statutes.

Witness my hand and seal this _____ day of _____, 20_____.

Signed, Sealed and Delivered in the presence of:

Witness:
Address:

Affiant

Witness:
Address:

STATE OF FLORIDA
COUNTY OF BAKER

BEFORE ME, the undersigned authority, this day personally appeared, _____
_____, of Baker County, Florida to me well known and know to be the person
described in and who executed the foregoing Durable Power of Attorney; and acknowledged to me and
before me that he/she executed the instrument for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this _____ day of
_____, 20_____.

NOTARY PUBLIC
My Commission Expires: