

SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

That I, _____, of the State of _____, do hereby appoint, _____, of the State of _____, my true and lawful attorney-in-fact to manage and conduct all my affairs and act in all matters in my name and in my behalf, the following matters that have been signed by me:

INITIAL AT THE BOTTOM OF EACH PAGE.

SIGN IN THE BOX IN FRONT OF THE POWER(S) YOU ARE GRANTING.
CROSS OUT THE BOX IN FRONT OF THE POWER(S) YOU ARE WITHHOLDING.

TO SHIP AND RECEIVE HOUSEHOLD GOODS: To take possession and order the removal and shipment of my household goods, personal baggage, or other personal property and cause it to be shipped to any warehouse, depot, dock, or other place of storage or safekeeping, government or private, directed by orders of appropriate U.S. Government transportation officials, and to execute and deliver all necessary forms, papers, certificates and receipts to carry out the foregoing. To accept delivery of, receipt for, and/or clear through customs, my household goods and/or unaccompanied baggage, and to sign any and all documents, release, and voucher, receipt, shipping ticket or other instrument necessary or convenient for such purpose.

TO ACCEPT MILITARY QUARTERS ON MY BEHALF: To accept military quarters assigned to me or my family members at any military installation; to sign for me and take possession of such quarters in my name; and sign for and take possession of any furniture, appliances, and equipment that may be authorized for use in or with such quarters as I may be assigned; to execute all necessary documents, instruments or papers and perform all acts necessary to carry out the foregoing.

TO TERMINATE MILITARY QUARTERS ON MY BEHALF: To effect the termination of U.S. Government quarters assigned to me or my family members, to procure or return any and all U.S. government property used in or for such quarters; and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such quarters.

TO PREPARE, FILE AND AMEND AS NEEDED MY FEDERAL AND STATE INCOME TAXES: To prepare, execute, sign, file, and amend as needed, my Federal and/or State tax returns for the State(s) of _____.

TO PERFORM DFAS TRANSACTIONS ON MY BEHALF: To do any and all acts necessary and appropriate with the Defense Finance and Accounting Service (DFAS) Office, wherever located, for the purpose of the following: (1) start, stop, and/or change any military allotment(s) and/or (2) request and receive my LES. The previous mentioned powers include receiving DFAS Form 702, submitting DD Form 2558, and doing any and all acts to carry out the foregoing.

TO TERMINATE MY RESIDENTIAL LEASE: To execute any and all documents and do all other things necessary or convenient to terminate any and all leases or rental agreements in my name.

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[Empty box for name]

TO SELL REAL ESTATE ON MY BEHALF: To bargain, sell, assign, and convey, using the standard of a reasonable seller under no compulsion to sell and engaging in an arms-length bargaining transaction, to any person of my attorney' choice, all my right, title and interest in my property at:

_____ (address of property), and to convey by deed or general warranty with the customary covenants; to receive on my behalf payment of the purchase money for the real property described above in any manner that my attorney shall deem wise; to transmit these moneys to me, and to sign, seal, execute and deliver any and all deeds, contracts, or other documents necessary to carry out the foregoing.

[Empty box for name]

TO PURCHASE REAL ESTATE IN MY NAME: To purchase in my name and for my use any real property in the City of _____, County of _____, State of _____,

_____ and for that purpose to make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver any application forms, documents, instruments, or paper necessary or convenient to enter into both a contract and mortgage or deed of trust upon said real estate for such price, at such rate of interest, and upon such terms as my agent shall deem best.

[Empty box for name]

TO USE, OPERATE, AND REGISTER MY MOTOR VEHICLE(S): To drive, maintain, insure, and register on any military reservation or in any state my automobile, and to sign all necessary documents pertaining to the above mentioned purposes. This power expressly **includes/excludes** the power to sell said automobile. This power

expressly **includes/excludes** the power to ship said automobile. This automobile is more particularly described as follows:

VEHICLE YEAR: _____ MAKE: _____ MODEL: _____ BODYSTYLE: _____

VIN NUMBER: _____

VEHICLE YEAR: _____ MAKE: _____ MODEL: _____ BODYSTYLE: _____

VIN NUMBER: _____

[Empty box for name]

TO ENROLL MY LAWFUL DEPENDENTS IN MILITARY BENEFITS PROGRAMS: To do all acts and sign all documents required in order to enroll my dependent family members in DEERS and TRICARE; to sign my name to DD form 1172 for military identification card. To enroll my lawful dependents in any other

benefits program to which I am or my dependents are entitled by virtue of my military affiliation. To do all things necessary, and to execute and deliver to the proper persons and authority, any and all documents, instruments, and papers necessary and expedient to carry out the foregoing.

I hereby give and grant unto my attorney-in-fact full power and authority to do and perform each and every act and matter concerning the subject of this document as fully and effectually to all intents and purposes as I could do legally if I were present.

I hereby authorize my attorney-in-fact to indemnify and hold harmless any third party who accepts and acts under or in accordance with this power of attorney.

I hereby ratify all that my attorney-in-fact shall lawfully do or cause to be done by this document.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. All acts done by my attorney-in-fact hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this Power of Attorney if a physician, based on that physician's examination, certifies in writing at a date subsequent to the date which this Power of Attorney is executed, that I am disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs. I authorize the physician who so certifies, to disclose my physical or mental condition to another person for purposes of this Power of Attorney. A third party who accepts this Power of Attorney, endorsed by proper physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this Power of Attorney.

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This power of attorney shall remain in full force and effect until the day of _____, 20____, unless sooner revoked by me. (2 year MAX for Active Duty – 5 year MAX for Retirees)

All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney **in the presence of the Notary Public witnessing it at my request** this date: _____.

**THIS POWER OF ATTORNEY MUST BE SIGNED IN THE PRESENCE OF THE NOTARY.
THE NOTARY MUST ENSURE THAT THE BOX IN FRONT OF EACH POWER HAS BEEN
SIGNED OR CROSSED OUT BEFORE NOTARIZING.**

Signature

STATE OF

COUNTY OF

Subscribed, sworn to and acknowledged before me by _____ on _____

(SIGN) _____

(PRINT) _____

NOTARY PUBLIC

My Commission Expires: _____