

This Instrument Prepared by:
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DURABLE POWER OF ATTORNEY

BE IT KNOWN BY THESE PRESENTS that I, _____, of _____
County, Tennessee, do make, constitute and appoint _____ to act as my true
and lawful attorney-in-fact, for me and in my name and stead.

1. **STATEMENT OF POWERS.** The said Attorney-in-Fact, under this Power of
Attorney, shall have the full right, power and authority to act as my true and lawful attorney-in-fact,
for me and in my name and stead, generally, and without limitation, as follows:

(i) to ask, demand, sue for, collect, recover and receive all sums of money, debts, dues,
accounts, legacies, bequests, interests, residuals, royalties, dividends, annuities, distributions from
trusts, and demands whatsoever as are now or shall hereafter become due, owing, payable or
belonging to me.

(ii) to institute, defend, conduct, settle and conclude any litigation, arbitration, mediation
or other dispute resolution process on terms as my Attorney-in-Fact shall deem proper.

(iii) to compromise and agree to the settlement of any and all claims by or against me on
terms as my Attorney-in-Fact shall deem proper.

(iv) to bargain, contract, agree for, buy, sell, lease, mortgage, hypothecate, and in any and
every way and manner deal in and with goods and merchandise, choses in action, and other
property, or interests in property, whether personal or real, whether now owned by me or acquired
hereafter.

- (v) to release mortgages on lands or chattels.
- (vi) to deposit in my name in any bank or banks, brokerage houses or other financial institutions any and all money collected or received.
- (vii) to borrow money, obtain credit, or use my credit card, with or without security, whether by outright indebtedness or guarantee, and to pledge assets, including real property or securities owned by me, for such purpose.
- (viii) to pay from any moneys or property belonging to me, any and all bills, indebtedness, accounts, taxes, claims and demands now or hereafter payable to me, including a reasonable compensation to my Attorney-in-Fact for services.
- (ix) to draw checks or drafts upon, or withdraw from, any bank, brokerage, money market, or similar account, of any type, which I at any time may have, and mail or deliver same to any payee thereof.
- (x) to act for me in connection with any and all shares of stock, common or preferred and any and all bonds and/or debentures, which I may now or hereafter own.
- (xi) to enter, with full right to deposit or withdraw from, or release any safe deposit boxes.
- (xii) to invest my assets in securities of any federal or state agency, treasury bills and notes, corporate stocks and debentures, mutual funds, certificates of deposit, commercial paper, real estate or mortgages thereon.
- (xiii) to make any other lawful investment as my Attorney-in-Fact may deem proper or for my best interest.
- (xiv) to apply so much of my net income together with any portion or portions of my assets as my Attorney-in-Fact, in my Attorney-in-Fact's sole discretion, deems to be required from time

to time for my proper and comfortable maintenance and support, including without limitation any and all medical expenses and all costs incident to the maintenance of my household.

(xv) to enter into, amend, alter or rescind any other contracts to which I could be a party, including, but not limited to, marital property agreements.

(xvi) to prepare, execute and file all federal and state tax returns and other forms, required or advisable to be filed by, for or in relation to me, or any person or entity with which I am affiliated, whether for income, gift, estate or other tax; including, but not limited to, exercising and executing any decisions, elections, consents or options as to any tax, form or return.

(xvii) to represent my interests (or to employ and authorize others to represent my interests) with or before the Internal Revenue Service and any other tax officials at any level of government; including, but not limited to, execution of powers of attorney to authorize such representation, filing and conduct of Tax Court or other legal proceedings, and execution of extension, settlement, waiver or closing agreements.

(xviii) to represent my interests with all state, local and federal governments, including the Social Security Administration, as to any benefits, health care, financial or other matters, and to exercise and execute any decisions, elections, consents or options as to any such matter.

(xix) to receive on my behalf, any benefits, health care, financial or other matters from any governmental entity, including the Social Security Administration.

(xx) to establish one or more new residencies or domiciles for me, from time to time, either within or without the State of Tennessee.

(xxi) to acquire, maintain, cancel or in any manner deal with any policy of life, accident, disability, hospitalization, medical or casualty insurance, and prosecute each claim for benefits due under any policy;

(xxii) to contract for or employ agents, accountants, advisors, attorneys and other for services in connection with the performance by my attorney in fact of any powers in this section;

(xxiii) to engage in and transact any and all lawful business of whatever nature or kind for me and in my name, whether as partner, joint adventurer, stockholder, or in any other manner or form, and vote any stock or enter voting trusts;

(xxiv) to pay dues to any club or organization to which I belong, and make charitable contributions or fulfillment of any charitable pledge made by me;

(xxv) to transfer any property owned by me to any revocable trust created by me with provisions for my care and support;

(xxvi) to reimburse the attorney in fact or others for all reasonable costs and expenses actually incurred and paid by that person on behalf of myself;

(xxvii) to create, contribute to, borrow from and otherwise deal with an employee benefit plan or individual retirement account for my benefit, select any payment option under any employee benefit plan or individual retirement account in which I am a participant or change options I have selected, make "roll-overs" of plan benefits into other retirement plans, and apply for and receive payments and benefits;

(xxviii) to request, receive and review any information, verbal or written, regarding my personal affairs or my physical or mental health, including legal, medical and hospital records, execute any releases or other documents that may be required in order to obtain that information, and disclose that information to persons, organizations, firms or corporations that my attorney in fact deems appropriate;

(xxix) to make advance arrangements for my funeral and burial, including the purchase of the burial plot and marker, if I have not already done so; and

(xxx) generally to act for me in all matters affecting my property, with the same force and effect to all intents and purposes as though I were personally present and acting myself, hereby ratifying and confirming whatsoever my said Attorney-in-Fact shall do by authority thereof, **[except as provided in paragraph 3]**.

2. **EFFECTIVE DATE AND TERM.** The exercise of this Power of Attorney is contingent upon and subject to either my sworn statement that I am unable or unwilling to continue the management of my affairs, or the certification and sworn statement of **[one]** or **[two or more]** physicians attending me that I am incapable and unable to handle my own financial affairs. I hereby specifically adopt and incorporate the provisions of Tennessee Code Annotated Section 34-6-111 and request and authorize that all necessary information be made available to my said attorney in fact for the purpose of determining whether I am disabled or incapacitated to the extent that the provisions of this power of attorney become effective.

Any person or entity dealing with my Attorney-in-Fact shall be entitled to assume, and to act upon the assumption, that this Power of Attorney remains in full force and effect unless and until such person or entity has actual notice to the contrary. Any person or entity dealing with my Attorney-in-Fact shall be fully and completely protected by all acts of said Attorney-in-Fact taken pursuant to any power herein granted.

If at any time I should be incapacitated or incompetent, or for any other reason unable to act in my own behalf, this Power of Attorney shall continue in full force and effect, it being my express intention and purpose that mental and physical debility shall not revoke said power, pursuant to the provisions of Tennessee Code Annotated Section 34-6-101, et seq.

3. **LIMITATIONS, IF ANY.** The powers I have granted are unrestricted. **[If powers are unrestricted, as an alternative to keeping paragraph 3, delete the words "except as**

provided in paragraph 3" contained in Paragraph 1 (xxx), delete Paragraph 3 and renumber.]

[If powers are restricted, then list the powers that are disallowed below. The powers listed below are contained in Tenn. Code Ann. §34-6-108(c). All or some of these powers can be restricted along with any others the client wants to add.]

My attorney-in-fact shall not be allowed to do the following:

- a. Make gifts, grants, or other transfers without consideration, except in fulfillment of charitable pledges made by the principal while competent;
- b. Exercise any powers of revocation, amendment, or appointment that the principal may have over the income or principal of any trust;
- c. Act on behalf of the principal in connection with any fiduciary position held by the principal, except to renounce or resign the position;
- d. Exercise any incidents of ownership on any life insurance policies owned by the principal on the life of the attorney in fact;
- e. Change beneficiary designations on any death benefits payable on account of the death of the principal from any life insurance policy, employee benefit plan, or individual retirement account;
- f. Change, add or delete any right of survivorship designation on any property, real or personal, to which the principal holds title, along or with others.
- g. Renounce or disclaim any property or interest in property or powers to which the principal may become entitled, whether by gift or testate or intestate succession;
- h. Exercise any right, or refuse, release or abandon any right, to claim an elective share in any estate or under any will; and

i. Make any decisions regarding medical treatments or health care, except as incidental to decisions regarding property and finances.

j. _____

4. **CONFLICT BETWEEN THIS DOCUMENT AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE.** In the event I have executed a valid Durable Power of Attorney for Health Care and in the event there is any conflict between the two documents, it is my intention that the Durable Power of Attorney for Health Care shall be controlling as to any medical or healthcare decision.

5. **PROTECTIVE PROCEEDINGS.** In the event that anyone shall commence protective proceedings for my person and/or my estate, then I nominate and appoint the person named above as my Attorney-in-Fact (including any substitute) to serve as the guardian or conservator of my property, and I direct that the foregoing appointments be considered pursuant to the standards set forth in Tennessee Code Annotated Section 34-6-104.

6. **HIPAA RELEASE AUTHORITY.** This Durable Power of Attorney is expressly intended to recognize the provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 USC 1320d and 45 CFR 160-164, and to expressly grant to my Attorney-in-Fact the full and complete right to execute any and all forms, documents and releases, and to request and receive any and all information, covered by HIPAA to the same extent that I could have done myself. I hereby specifically authorize any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and any health-care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to my Attorney-in

Fact, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of any matter of any type.

7. **NO BOND.** It is my express desire that no bond be required of my said Attorneys-in-Fact.

8. **GENERAL APPLICATION.** It is my express intention that this Power of Attorney shall apply, and be given full force and effect, at all places, both inside and outside the State of Tennessee, regardless of my residence, the residence of the Attorney-in-Fact, the situs of assets, the place of a transaction or the applicable choice of law; and, I direct that this Power of Attorney shall be liberally construed to accomplish such purposes.

9. **SUCCESSOR.** In the event that _____ should predecease me or be unable or unwilling to serve as my attorney-in-fact hereunder, I then nominate and appoint _____ to serve as my alternate attorney-in-fact.

IN WITNESS WHEREOF, I have executed this Power of Attorney on this the _____ day of _____, 200__.

STATE OF TENNESSEE)

COUNTY OF DAVIDSON)

Personally appeared before me, a Notary Public in and for the County and State aforesaid, the within named _____, with whom I am personally acquainted and who acknowledged that she/he executed the above Durable Power of Attorney for the purposes therein expressed.

WITNESS my hand and official seal on this the ____ day of _____, 200__.

Notary Public

My Commission Expires: _____