**NORTH CAROLINA GENERAL POWER OF ATTORNEY**

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, name the following person as my Agent:

Name of Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DEFINED IN CHAPTER 32C OF THE NORTH CAROLINA GENERAL STATUTES, WHICH EXPRESSLY PERMITS THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY DESIRED BY THE PARTIES CONCERNED.**

**GRANT OF AUTHORITY**

I grant my Agent general authority to act for me with respect to any Property, all tangible personal property related to the Property, and all financial transactions relating to any Property owned by me. The authority granted to my Agent pursuant to this power of attorney expressly includes the following:

1. The authority to act with respect to real property as set forth in Section 32C-2-204 of the North Carolina General Statutes;
2. The authority to act with respect to tangible personal property as set forth in Section 32C-2-205 of the North Carolina General Statutes; and
3. The authority to act with respect to banks and other financial institutions as set forth in Section 32C-2-208 of the North Carolina General Statutes.

The authority granted to my Agent pursuant to this power of attorney may be exercised by my Agent even though the exercise of that authority may benefit the Agent or a person to whom the Agent owes an obligation of support.

**EFFECTIVE DATE; AUTOMATIC EXPIRATION**

This power of attorney is effective immediately. The authority of my Agent to act on my behalf pursuant to this power of attorney will automatically expire on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or, if no date is specified, one year from the date of this power of attorney). Actions taken by my Agent on my behalf pursuant to this power of attorney while this power of attorney remains in effect shall continue to bind me even after my Agent's authority expires.

**RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my Agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

**MEANING AND EFFECT**

The meaning and effect of this power of attorney shall for all purposes be determined by the law of the State of North Carolina. Its intent is to have the most broad effect and meaning as permissible under North Carolina Law.

**SIGNATURE AND ACKNOWLEDGMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL)

Insert Typed Name

STATE OF COUNTY OF

I, the undersigned, certify that the following persons personally appeared before me this day, showing satisfactory evidence of identity, and acknowledged the due execution and authority to execute the foregoing instrument in the capacity indicated above: Insert Typed Name

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary: Printed Name of Notary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_