

STATUTORY POWER OF ATTORNEY

NOTICE: This is an important document. The powers granted by this document are broad and sweeping. They are explained in the uniform statutory form power of attorney act, Chapter 45, Article 5, Part 6 NMSA 1978. If you have any questions about these powers, you should ask a lawyer to explain them to you. This form does not prohibit the use of any other form. You may revoke this power of attorney if you later wish to do so.

I, _____, reside at _____
_____, appoint _____, of
_____, _____ County, _____, to serve as my
attorney(s)-in-fact.

I hereby revoke any and all general Powers of Attorney that previously have been signed by me, including Medical Power of Attorney.

This power of attorney shall not be affected by my incapacity but will terminate upon my death unless I have revoked it prior to my death. I intend by this power of attorney to avoid a court-supervised guardianship or conservatorship.

Should my attempt be defeated, I ask that my agent be appointed as guardian or conservator of my pending estate.

Check and initial the following paragraph only if you want your attorney(s)-in-fact to be able to act alone and independently of each other. If you do not check and initial the following paragraph and more than one person is named to act on your behalf then they must act jointly.

(_____) If more than one person is appointed to serve as my attorney-in-fact then they may act severally, alone and independently of each other.

My attorney(s)-in-fact shall have the power to act in my name, place and stead in any way which I myself could do with respect to the following matters to the extent permitted by law:

Initial in the box in front of each authorization which you desire to give to your attorney(s)-in-fact. Your attorney(s)-in-fact shall be authorized to engage only in those activities which are initialed.

INITIAL

- (_____) 1. real estate transactions.
- (_____) 2. stock and bond transactions.
- (_____) 3. commodity and option transactions.

- () 4. tangible personal property transactions.
- () 5. banking and other financial institution transactions.
- () 6. business operating transactions.
- () 7. insurance and annuity transactions.
- () 8. estate, trust and other beneficiary transactions.
- () 9. claims and litigation.
- () 10. personal and family litigation.
- () 11. benefits from social security, Medicare, Medicaid or other government programs or civil or military service.
- () 12. retirement plan transactions.
- () 13. tax matters, including any transactions with the Internal Revenue Service.
- () 14. decisions regarding lifesaving and life prolonging medical treatment.
- () 15. decisions relating to medical treatment, surgical treatment, nursing care, medication, hospitalization, institutionalization in a nursing home or other facility and home health care.
- () 16. Transfer of property or income as a gift to the principal's spouse for the purpose of qualifying the principal for governmental medical assistance.
- () 17. **All of the above powers, including financial and health care decisions. If you initial the box in front of line 17, you need not initial any other lines.**

SPECIAL INSTRUCTIONS:

On the following lines you may give special instructions limiting or extending the powers you have granted to your agent.

() _____

Dated this _____ day of _____, 20_____.

STATE OF _____)

SS:

COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____day of _____, 20_____, by _____.

NOTARY PUBLIC

My Commission Expires:
