

STATUTORY POWER OF ATTORNEY

NOTICE: This is an important document. Before signing this document, you should know these important facts. The purpose of this power of attorney is to give the person whom you designate (your agent) broad powers to handle your property, which may include powers to pledge, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. The powers will exist even after you become disabled, incapacitated or incompetent unless you strike that provision. The powers that you give your agent are explained more fully in Section 243.10 of the Wisconsin Statutes. This document does not authorize anyone to make medical or other health-care decisions for you. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

I, _____ of _____,
County of _____, State of _____ appoint
_____ of _____, County of _____,
State of _____ as my agent to act
for me in any lawful way with respect to the powers initialed below.

Parcel Identification No. _____

TO GRANT ONE OR MORE OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT OR CROSS OUT EACH POWER WITHHELD.

- | | |
|---|--|
| _____ 1. Real Property transactions** | _____ 8. Estate, trust and other beneficiary transactions |
| _____ 2. Tangible personal property | _____ 9. Claims and litigation |
| _____ 3. Stock and bond transactions | _____ 10. Personal and family maintenance |
| _____ 4. Commodity and options | _____ 11. Benefits of Social Security, Medicare, government programs or military service |
| _____ 5. Banking transactions | _____ 12. Retirement plan transactions |
| _____ 6. Business operating transactions | _____ 13. Tax matters |
| _____ 7. Insurance and annuity transactions | |

SPECIAL INSTRUCTIONS:

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

This power of attorney will become effective (immediately) (when I become disabled or incompetent) strike one.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to reimburse the third party for any loss resulting from claims that arise against the third party because of reliance on this power or attorney.

This will certify that a true and correct signature of my agent hereinabove is as follows:

(Attorney in fact)

Signed this _____ day of _____, _____.

STATE OF _____, _____ County ss:

This document was acknowledged before me this _____ day of _____, _____ by
_____.

Signature of Notary

Typed name of notary

My commission expires: _____

By accepting or acting under the appointment, the agent assumes the fiduciary and other legal responsibilities of an agent.

This instrument drafted by _____.

**Attach a copy of the legal description.

Page 2.

Form furnished by: **LANDMARK TITLE OF RACINE, INC.**