## **NORTH CAROLINA GENERAL POWER OF ATTORNEY**

STATE OF NORTH CARG	
I,	, name the following person as my Agent:
Name of Agent:	<del></del>
32C OF THE NORTH CAI	RANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DEFINED IN CHAPTER ROLINA GENERAL STATUTES, WHICH EXPRESSLY PERMITS THE USE OF ANY OTHER OR WER OF ATTORNEY DESIRED BY THE PARTIES CONCERNED.
GRANT OF AUTHORITY	
I grant my Agent general aut and all financial transactions attorney expressly includes t	chority to act for me with respect to any Property, all tangible personal property related to the Property, relating to any Property owned by me. The authority granted to my Agent pursuant to this power of 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 General Statutes; a	with respect to tangible personal property as set forth in Section 32C-2-205 of the North Carolina nd
(3) The authority to act Carolina General S	with respect to banks and other financial institutions as set forth in Section 32C-2-208 of the North tatutes.
	Agent pursuant to this power of attorney may be exercised by my Agent even though the exercise of e Agent or a person to whom the Agent owes an obligation of support.
automatically expire on	ective immediately. The authority of my Agent to act on my behalf pursuant to this power of attorney will (or, if no date is specified, one year from the date of this power of attorney). Actions thalf pursuant to this power of attorney while this power of attorney remains in effect shall continue to
RELIANCE ON THIS POY Any person, including my Ag terminated or is invalid.	WER OF ATTORNEY ent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has
	his power of attorney shall for all purposes be determined by the law of the State of North Carolina. Its poad effect and meaning as permissible under North Carolina Law.
SIGNATURE AND ACKN	OWLEDGMENT
Insert Typed Name	(SEAL)
STATE OF	COUNTY OF
	hat the following persons personally appeared before me this day, showing satisfactory evidence of the due execution and authority to execute the foregoing instrument in the capacity indicated above:
Date:	My Commission Expires:
Signature of Notary: Harry Marsh Law- Not to be use	Printed Name of Notary:d without legal representation