



GENERAL POWER OF ATTORNEY

NOTICE

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 Pa.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

_____, 201_
, Principal

KNOW ALL MEN BY THESE PRESENTS, That I, residing in _____ Township,
County, Pennsylvania, hereby revoke any general power of attorney that I have heretofore given to any
person and do hereby appoint my [husband/wife], _____, on my behalf to perform all such acts as my agent in
my agent's absolute discretion may deem advisable, as fully as I could do if personally present. In the event that my
[husband/wife] is unable to so act, then I appoint as alternate agent.

DURABLE POWER

This Power of Attorney shall not be affected by my subsequent disability or incapacity. All acts done by my agent pursuant to this power during any period of my disability or incapacity shall have the same effect and inure to my benefit and bind me and my successors in interest as if I were competent and not disabled.

GENERAL GRANT OF BROAD POWERS

My agent is hereby given the fullest possible powers to act on my behalf: to transact business, make, execute and acknowledge all agreements, contracts, orders, deeds, writings, assurances and instruments for any matter, with the same powers and for all purposes with the same validity as I could, if personally present.

SPECIFIC POWERS INCLUDED IN GENERAL POWER

Without limiting the general powers hereby already conferred, my agent shall have the following specific powers which are included in the foregoing general powers:

1. To engage in real property transactions;
2. To engage in tangible personal property transactions;
3. To engage in stock, bond and other securities transactions;
4. To engage in banking and financial transactions;
5. To enter safe deposit boxes;
6. To engage in insurance transactions;
7. To engage in retirement plan transactions;
8. To handle interests in estates and trusts;
9. To pursue claims and litigation;
10. To receive government benefits;
11. To pursue tax matters;
12. To authorize medical and surgical procedures;
13. To authorize my admission to a medical, nursing, residential or similar facility and to enter into agreements for my care;
14. To create a trust for my benefit;
15. To make additions to an existing trust for my benefit;
16. To claim an elective share of the estate of my deceased spouse;
17. To disclaim any interest in property;
18. To renounce a fiduciary position;
19. To withdraw and receive the income or corpus of a trust;
20. To make an anatomical gift of all or part of my body;
21. My agent **MAY NOT** have the following specific powers which may or may not be included in the General Powers previously enumerated:
 - (a) Make a gift, limited or otherwise;
 - (b) Create or change rights of survivorship;
 - (c) Designate or change the designation of a beneficiary;
 - (d) Create in the agent or a person customarily supported by the agent an interest in the principal's property through gift, survivorship or beneficiary designation;
 - (e) Delegate to another person the authority granted under the Power of Attorney..
22. *General Authority*. To do all other things which my agent shall deem necessary and proper in order to carry out the foregoing powers which shall be construed as broadly as possible.
23. *Reliance on Power*. This power may be accepted and relied upon by anyone to whom it is presented until such person either receives written notice of reversion by me or a guardian or similar fiduciary of my estate or has actual knowledge of my death.

24. *Hold Harmless.* All actions of my agent shall bind me and my heirs, distributees, legal representatives, successors and assigns, and for the purpose of inducing anyone to act in accordance with powers I have granted herein, I hereby represent, warrant and agree that if this Power of Attorney is terminated or amended for any reason, I and my heirs, distributees, legal representatives, successors and assigns will hold such party or parties harmless from any loss suffered or liability incurred by such party or parties while acting in accordance with this power prior to that party's receipt of written notice of any such termination or amendment.

25. An executed and acknowledged copy of this General Power of Attorney shall be filed with the Clerk of the Orphans' Court Division of the Court of Common Pleas in the county in which the principal resides and, in the event that real estate is part of the duties of the agent, then this General Power of Attorney shall be recorded in the Office for the Recording of Deeds of the county of the principal's residence and of each county in which real property to be affected by an exercise of the power is located.

26. I authorize and direct any physician, health care professional, health care provider, and medical care facility to provide to my agent information relating to my physical and mental condition and the diagnosis, prognosis, care, and treatment thereof upon the request of my agent. It is my intent that this authorization for my agent to be considered a personal representative under privacy regulations related to protected health information and for my agent to be entitled to all health information in the same manner as if I personally were making the request. This authorization and direction shall also be considered a consent to the release of such information under current and future regulations, laws and rules, including but not limited to, the express grant of authority to personal representatives as provided by Regulation Section 164.502(g) of Title 45 of the Code of Federal Regulations and the medical information privacy law and regulations generally referred to as HIPAA. It is not my intention that my agent or alternate agent herein be designated as a "health care agent" or "health care representative" as those terms are defined by Pennsylvania Act 169 of 2006.

27. This Power of Attorney shall not become effective until _____ 20____.

IN WITNESS WHEREOF, and intending to be legally bound hereby, I have hereunto set my hand and seal this
day of _____, 201_.

Signed, sealed and delivered in the presence of:

(Witness)

, Principal

ACKNOWLEDGMENT

AN AGENT SHALL HAVE NO AUTHORITY TO ACT AS AGENT UNDER THE POWER OF ATTORNEY UNLESS THE AGENT HAS FIRST EXECUTED AND AFFIXED TO THE POWER OF ATTORNEY AN ACKNOWLEDGMENT IN SUBSTANTIALLY THE FOLLOWING FORM: I HAVE READ THE ATTACHED POWER OF ATTORNEY AND AM THE PERSON IDENTIFIED AS THE AGENT FOR THE PRINCIPAL. I HEREBY ACKNOWLEDGE THAT IN THE ABSENCE OF A SPECIFIC PROVISION TO THE CONTRARY IN THE POWER OF ATTORNEY OR IN 20 Pa.C.S. WHEN I ACT AS AGENT:

I SHALL EXERCISE THE POWERS FOR THE BENEFIT OF THE PRINCIPAL.

I SHALL KEEP THE ASSETS OF THE PRINCIPAL SEPARATE FROM MY ASSETS.

I SHALL EXERCISE REASONABLE CAUTION AND PRUDENCE.

I SHALL KEEP A FULL AND ACCURATE RECORD OF ALL ACTIONS, RECEIPTS AND DISBURSEMENTS ON BEHALF OF THE PRINCIPAL.

, Agent

(date)

, Alternate Agent

(date)

Onyx Management Group, Inc. Address: 301-302 Lakeside Dr. Southampton PA 18966
Phone: (215) 953-0363, Fax: (215) 953-1065, Email: Info@onyxmgmt.com Initials _____

COMMONWEALTH OF PENNSYLVANIA:

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COUNTY OF BUCKS:

On the day _____ of _____, 201_, before me, a Notary Public, personally appeared and in due form of law acknowledged the foregoing Power of Attorney to be his/her act and deed and desire that the same might be recorded as such.

Witness my hand and notarial seal.

Notary Public