Connecticut Power of Attorney

Signing Instructions

- This document must be signed in front of two witnesses and a notary public
- Before signing this document fill in all of your personal information and your agent's personal information highlighted in yellow; it is not necessary to designate a successor agent
- If you designate more than one agent and you want each agent alone to be able to act, insert the word "severally" after TO ACT on page 1
- Once you are ready to sign the document in front of two witnesses and a notary. on page 2 strike out and initial in the opposite box any one or more of the subparagraphs as to which you do NOT desire to give the agent authority. IF YOU WANT YOUR AGENT TO HAVE ALL OF THESE POWERS, DO NOT STRIKE OUT OR INITIAL ANYTHING ON PAGE 2
- If you appoint a conservator, initial the box at the top of page 4 indicating that no bond is required of your conservator.
- Sign and date on page 5 in front of the two witnesses and the notary
- Have the notary notarize on page 5 your signature
- Thereafter the witnesses should sign and print their names and addresses on page 5
- Leave page 6 blank. This should only be signed by your agent if and when the document needs to be used
- Once the document is signed, keep it in a safe, fireproof, place, but do not put it in a bank safe deposit box
- If possible, give a copy to your agent and let your agent know where the original is kept
- DO NOT ALTER THE WORDING OF THIS DOCUMENT

DURABLE STATUTORY POWER OF ATTORNEY - SHORT FORM CONNECTICUT UNIFORM POWER OF ATTORNEY ACT

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DEFINED IN CONNECTICUT UNIFORM POWER OF ATTORNEY ACT, WHICH EXPRESSLY PERMITS THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY DESIRED BY THE PARTIES CONCERNED. THE GRANTOR OF ANY POWER OF ATTORNEY OR THE AGENT MAY MAKE APPLICATION TO A PROBATE COURT FOR AN ACCOUNTING AS PROVIDED IN SUBSECTION (d) OF SECTION 45A-175 OF THE GENERAL STATUTES.

KNOW ALL MEN BY THESE PRESENTS, which are intended to constitute a GENERAL POWER OF ATTORNEY pursuant to the Connecticut Uniform Power of Attorney Act:

That I, _____

(insert name and address of the principal)

do hereby appoint:

(insert name and address of the agent, or each agent, if more than one is designated)

my agent TO ACT _____:

(If more than one agent is designated and the principal wishes each agent alone to be able to exercise the power conferred, insert in this blank the word "severally." Failure to make any insertion or the insertion of the word "jointly" shall require the agents to act jointly.)

First: In my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in the Connecticut Uniform Power of Attorney Act to the extent that I am permitted by law to act through an agent:

(Strike out and initial in the opposite box any one or more of the subparagraphs as to which the principal does NOT desire to give the agent authority. Such elimination of any one or more of subparagraphs (A) to (M), inclusive, shall automatically constitute an elimination also of subparagraphs (N). To strike out any subdivision the principal must draw a line through the text of that subparagraph AND write his initials in the box opposite.)

| (A) Real property; | (|) |
|--|---|---|
| (B) Tangible personal property; | (|) |
| (C) Stocks and bonds; | (|) |
| (D) Commodities and options; | (|) |
| (E) Banks and other financial institutions; | (|) |
| (F) Operation of entity or business; | (|) |
| (G) Insurance and annuities; | (|) |
| (H) Estates, trusts and other beneficial interests; | (|) |
| (I) Claims and litigation; | (|) |
| (J) Personal and family maintenance; | (|) |
| (K) Benefits from governmental programs or civil or military | (|) |
| service; | (|) |
| (L) Retirement plans; | (|) |
| (M) Taxes; | (|) |
| (N) All other matters; | (|) |
| | (|) |

In addition to the authority conferred above:

I hereby authorize my agent to make gifts to any one or more of the members of a class consisting of my spouse (even if my spouse is serving as my agent) and my descendants in any degree living from time to time; provided, however, that the aggregate gifts to any one donee in a particular calendar year shall not exceed the maximum annual gift exclusion allowable under section 2503(b) of the Internal Revenue Code of 1986, as amended, with due regard to the provisions of section 2513 of such Code (allowing spouses to "split" gifts), if applicable.

I hereby authorize my agent to access, use and take control of my digital devices, including, but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smart phones, and any similar digital device (including any similar devises that may exist as technology develops). My agent shall have the power to access, modify, delete, control, transfer and otherwise deal with, my digital assets, including but not limited to e-mails, documents, images, audio, video, software licenses, domain registrations, and similar digital files (including any other digital assets which may exist as technology develops), regardless of the ownership of the physical device upon which the digital asset is stored. My agent shall have the power to access, modify, delete, control, transfer and otherwise deal with, my digital accounts, including but is not limited to email accounts, social network accounts, social media accounts, file sharing accounts, financial management accounts, domain registration accounts, domain name service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts which currently exist or may exist as technology develops.

(Special provisions and limitations may be included in the statutory short form power of attorney only if they conform to the requirements of the Connecticut Uniform Power of Attorney Act.)

Second: LIMITATION ON AGENT'S AUTHORITY

An agent MAY NOT use my property to benefit the agent or a dependent of the agent unless I have included that authority in any special instructions below

If my spouse is serving as my agent, I hereby authorize him or her to make gifts to himself or herself and my agent's dependents; provided, however, that the aggregate gifts to any one donee in a particular calendar year shall not exceed the maximum annual gift exclusion allowable under section 2503(b) of the Internal Revenue Code of 1986, as amended, with due regard to the provisions of section 2513 of such Code (allowing spouses to "split" gifts), if applicable.

Third: Hereby ratifying and confirming all that said agent(s) or substitute(s) do or cause to be done.

Fourth: With full and unqualified authority to delegate any or all of the foregoing powers to any person or persons whom my agent(s) shall select;

Fifth: DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: _____

Successor Agent's Address:

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent:

Second Successor Agent's Address:

Sixth: DESIGNATION OF CONSERVATOR OF ESTATE (OPTIONAL)

If a conservator of my estate should be appointed, I designate that _______, residing at ______, be appointed to serve as conservator of my estate. If _______ is unable to serve or cease to serve as conservator of my estate, I designate that ______, be appointed to serve as conservator of my estate. I direct that bond for the conservator of my estate, including any sureties thereon (choose one)

______be required _______not be required.

Seventh: EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

The execution of this statutory short form power of attorney shall be duly acknowledged by the principal in the manner prescribed for the acknowledgment of a conveyance of real property.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives, and assigns hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party's having relied on the provisions of this instrument.

[Signature, Witness, and Notary Page to Follows]

| IN WITNESS WHEREO this | F I have here day c | unto signed | d my name a , 2020. | nd affixed my seal |
|---|---|--|---|--------------------------------|
| Signature of Principal: | | | | (Seal) |
| Print Name: | | | | |
| Witness' Signature: | | | | |
| Print Name: | | | | |
| Address: | | | | |
| Witness' Signature: | | | | |
| Print Name: | | | | |
| Address: | | | | |
| STATE OF |) | | | |
| COUNTY OF |) ss:) | | | |
| On the of the undersigned, personally | | | , in the year | 2020, before me, |
| personally known to me or be the individual whose na acknowledged to me that h his/her signature on the ins whom the individual acted | r proved to m me is subscr ne/she execut strument, the | ibed to the ed the sam individual, | within instru e in his/her c or the perso | ment and capacity, and that by |

Notary Public

AFFIDAVIT THAT POWER OF ATTORNEY IS IN FULL FORCE (sign before a notary public)

| STAT | E OF |) | | | |
|---------|---|---|--|--|--|
| | |) ss: | | | |
| COUN | NTY OF |) | | | |
| COOL | | | | | |
| | | , of being duly sworn, deposes and says: | | | |
| | | being duly sworn, deposes and says. | | | |
| 1. | That | , of, as Principal, did, in writing, appoint | | | |
| | me as the Principal's true and lawful Agent in the within Power of Attorney. | | | | |
| 2. | I have no actual knowledge or actual notice of revocation or termination of the Power of Attorney by death or otherwise, or knowledge or any facts indicating the same. I further represent that the Principal is alive and has not revoked or repudiated the Power of Attorney and that the Power of Attorney still is in full force and effect. | | | | |
| 3. | I make this affidavit for the purpose of inducing | | | | |
| | capacity as the Agent, upon in accepting the | ne following Instrument(s), as executed by me in my with full knowledge that this affidavit will be relied execution and delivery of the Instrument(s) and in ble consideration therefore: | | | |
| | TNESS WHEREOF I I | ave hereunto signed my name and affixed my seal, 20 | | | |
| Signati | ure of Principal: | (Seal) | | | |
| Print N | Name: | | | | |
| | | | | | |
| Sworn | to before me on | | | | |
| | - | Notary Public | | | |
| (month | $\frac{1}{(day)}, \frac{20}{(ye)}$ | ar) | | | |