## The Powers You Grant Below Continue to be Effective Should you Become Disabled or Incompetent

(Caution: This is an important document. It gives the person whom you designate (your "agent") broad powers to handle your property during your lifetime which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you. These powers will continue to exist even after you become disabled or incompetent. These powers are explained more fully in New York General Obligations Law, Article 5, Title 15, Sections 5-1502A through 5-1503, which expressly permit the use of any other or different form of Power of Attorney. This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy to do this. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.)

This is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law:

G. Peter Hansen 52 Country Club Road Oneonta, New York 13820

(insert your name and address)

do hereby appoint:

I,

(If I person is to be appointed agent, insert the name and address of your agent above)

Eric P. Hansen 1107 King Arthur Court Alabaster, AL 35007

RECEIPTION THE PERSON

(If 2 or more persons are to be appointed agents by mountinsert with names and addresses above)

my attorney(s)-in-fact TO ACT

(If more than one agent is designated, CHOOSE ONE of the following two choices by putting your initials in ONE of the blank spaces to the left of your choice:)

\_\_\_\_ Each agent may SEPARATELY act.

All agents must act TOGETHER.

(If neither blank space is initialed, the agents will be required to act TOGETHER.)

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 Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

(Directions: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision.

Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(Q)", and you may then put your initials in the blank space to the left of subdivision "(Q)" in order to grant each of the powers so indicated.)

(A) real estate transactions;

) (B) chattel and goods transactions;

(C) bond, share and commodity transactions;

(D) banking transactions;

(8)(4) (E) business operating transactions;

) (F) insurance transactions:

) (G) estate transactions;

) (H) claims and litigation; ) (1) personal relationships and affairs;

) (J) benefits from military service;

) (K) records, reports and statements; ) (L) retirement benefit transactions;

) (M) making gifts to my spouse, children and more remote descendants, and parents, not to exceed in the aggregate \$10,000 to each of such persons in any year;

(P) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select;

) (Q) each of the above matters identified by the following letters:

attorney	only if the Obligations	ey confor	m to the	e included in the statutory short form durable power of requirements of Section 5-1503 of the New York
			····	
This Dur If every o	able Power	of Attorney above is ur	y shall not able or un	be affected by my subsequent disability or incompetence willing to serve, I appoint
			Insert nam	ne and address of successor)
to be my	agent for a			
a duly e or terms or know and I fo to indes that ma	executed co ination here viedge or su or myself a	py or facsi eof shall be uch revocat nd for my hold harm zinst such	imile of the ineffection or ter heirs, executes any states third part	ereunder, I hereby agree that any third party receiving its instrument may act hereunder, and that revocation we as to such third party unless and until actual notice mination shall have been received by such third party ecutors, legal representatives and assigns, hereby agree such third party from and against any and all claims by reason of such third party having relied on the
This Du	ırable Gene	ral Power	of Attorne	ey may be revoked by me at any time.
or Au	In Witn	ess <b>M</b> her	eof. I ha	ey may be revoked by me at any time.  You hereunto signed my name this  Officers  Offi
			, ,	Jolly Alaman
	gn here:)			G. Peter Hansen
<b>9</b>	tate of L	Tew <b>H</b> oi	:k <del>ss</del> .	
	unty of Coth			day of August , Ninetee before me, the subscriber, personally appeare
execute	personally ed the foreg viedged to	oing Dura	bie Power	of Attorney, and executed the same.  DENISE L. BULLIS Notary Public, State of New York  DENISE L. BULLIS No 01BU5053800  Qualified in Delaware County 1997  Commission Expires Dec. 26
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