Article 3.

Statutory Forms.

§ 32C-3-301. Statutory form power of attorney.

As a nonexclusive method to grant a power of attorney, a document substantially in the following form may be used to create a statutory form power of attorney that has the meaning and effect prescribed by this Chapter:

"NORTH CAROLINA

STATUTORY SHORT FORM POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DEFINED IN CHAPTER 32C OF THE NORTH CAROLINA GENERAL STATUTES, WHICH EXPRESSLY PERMITS THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY DESIRED BY THE PARTIES CONCERNED.

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the North Carolina Uniform Power of Attorney Act.

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Additional Provisions and Exclusions.

This form provides for designation of one agent, successor agent, and second successor agent. If you wish to name more than one agent, successor agent, and second successor agent, you may name a coagent, successor coagent, or second successor coagent in the Additional Provisions and Exclusions. Coagents, successor coagents, or second successor coagents are not required to act together unless you include that requirement in the Additional Provisions and Exclusions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I,	, name the following person as my agent:
Name of Agent:	
	(Name of Principal).
	DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)
If my agent is unable or	r unwilling to act for me, I name as my successor agent:
Name of Successor Age	ent:
If my successor agent is	s unable or unwilling to act for me, I name as my second successor agent:
Name of Second Succe	ssor Agent:
INITIAL below if you	want to give an agent the power to name a successor agent.
	cting agent the full power to appoint another to act as my agent, and full ppointment, if no agent named by me above is willing or able to act.
	GRANT OF GENERAL AUTHORITY
	any successor agent general authority to act for me with respect to the efined in the North Carolina Uniform Power of Attorney Act, Chapter 32C
	you want to include in the agent's general authority. If you wish to grant all of the subjects you may initial "All Preceding Subjects" instead of
() Operation of E () Insurance and () Estates, Trusts () Claims and Lit () Personal and F	and Options Her Financial Institutions Entity or Business Annuities Annuities , and Other Beneficial Interests

() Retirement Plans
() Taxes
() All Preceding Subjects
GRANT OF SPECIFIC AUTHORITY
(OPTIONAL)
My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:
(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)
() Make a gift, subject to the limitations provided in G.S. 32C-2-217
() Create or change rights of survivorship
() Create or change a beneficiary designation () Authorize another person to exercise the authority granted under this power of attorney
Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor
benefit under a retirement plan
() Exercise fiduciary powers that I have authority to delegate
() Disclaim or refuse an interest in property, including a power of appointment () Access the content of electronic communications.
() Access the content of electronic communications.
EXERCISE OF SPECIFIC AUTHORITY IN FAVOR OF AGENT (OPTIONAL)
() UNLESS INITIALED, an agent MAY NOT exercise any of the grants of specific authority initialed above in favor of the agent or an individual to whom the agent owes a legal obligation of support.
ADDITIONAL PROVISIONS AND EXCLUSIONS
(OPTIONAL)
()
EFFECTIVE DATE

NOMINATION OF GUARDIAN (OPTIONAL)

This power of attorney is effective immediately.

INITIAL below ONLY if you WANT yo	our acting agent to be your Guardian.
	et to appoint a guardian of my estate or a general guardian, ower of attorney to be the guardian to serve without bond
RELIANCE ON	THIS POWER OF ATTORNEY
Any person, including my agent, may rel it unless that person knows it has terminate	y upon the validity of this power of attorney or a copy of atted or is invalid.
MEA	NING AND EFFECT
The meaning and effect of this power of of the State of North Carolina.	attorney shall for all purposes be determined by the law
SIGNATURE	AND ACKNOWLEDGMENT
Your Signature	Date
Your Name Printed	-
State of	, County of
I certify that the following person person that he or she signed the foregoing docur	nally appeared before me this day, acknowledging to me nent:
Date:	Signature of Notary Public
(Official Seal)	, Notary Public Printed or typed name

My commission expires:_____

"IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or your authority is terminated or the power of attorney is terminated or revoked. You must:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) Act in good faith;
- (3) Do nothing beyond the authority granted in this power of attorney; and
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner: (Principal's Name) by (Your Signature) as Agent.

Unless the Additional Provisions and Exclusions in this power of attorney state otherwise, you must also:

- (1) Act loyally for the principal's benefit;
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest:
- (3) Act with care, competence, and diligence;
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects, or if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminated or revoked this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) Death of a principal;
- (2) The principal's revocation of the power of attorney or the termination of your authority;
- (3) The occurrence of a termination event stated in the power of attorney;
- (4) The purpose of the power of attorney is fully accomplished; or

(5) If you are married to the principal, your divorce from the principal, unless the Additional Provisions and Exclusions in this power of attorney state that your divorce from the principal will not terminate your authority.

Liability of Agent

The meaning of the authority granted to you is defined in the North Carolina Uniform Power of Attorney Act. If you violate the North Carolina Uniform Power of Attorney Act or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice." (2017-153, s. 1; 2018-142, s. 30(b).)

§ 32C-3-302. Agent's certification.

The following optional form may be used by an agent to certify facts concerning a power of attorney:

"AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY (G.S. 32C-3-302)

I,			_ (Name of Agent),	do hereby state and a	ffirm the following
under pena	alty of p	erjury:		·	
(1)				e of Principal) granted	me authority as an
agent or su			ver of attorney dated _		
(2)	The po	owers and autl	hority granted to me	e in the power of atto	orney are currently
exercisable	e by me	•			
(3)	I have	no actual know	ledge of any of the fo	ollowing:	
	(a)	The principal i	is deceased.		
	(b)	The power of a	attorney or my author	ity as agent under the po	ower of attorney has
		been revoked	or terminated, partiall	y or otherwise.	
	(c)	The principal l	acked the understand	ing and capacity to mak	te and communicate
		decisions rega	rding his estate and p	erson at the time the po	wer of attorney was
		executed.			
	(d)	The power of a	attorney was not prop	erly executed and is not	a legal, valid power
		of attorney.			
	(e)	(Insert	other	relevant	statements)

I agree not to exercise any powers granted under the power of attorney if I become

aware that the principal is deceased, that the power of attorney has been revoked or terminated, or

that my authority as agent under the power of attorney has been revoked or terminated.

(4)

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature	Date
Agent's Name Printed	
Agent's Address	<u> </u>
Agent's Telephone Number	
COUNTY OF	, STATE OF
Sworn to or affirmed and subscribed before	re me this day by:
Date:	Signature of Notary Public
(Official Seal)	, Notary Public
(2017-153, s. 1.)	Printed or typed name My commission expires:

§ 32C-3-303. Limited power of attorney for real property.

While no particular phrasing is required for a limited power of attorney for transactions involving the purchase, sale, or financing of real property or tangible personal property related to real property, the following form may be used to create a limited power of attorney for transactions involving the purchase, sale, or financing of designated real property or tangible personal property related to the designated real property. The following form has as the meaning and effect prescribed by this Chapter:

"Return to:

NORTH CAROLINA LIMITED POWER OF ATTORNEY FOR REAL PROPERTY

I,	, name the following person as my agent:
(Name of	
Name of Ager	
For purposes	of this power of attorney, the "Property" is all of that real property located in County, North Carolina, and known or identified as follows:
	GRANT OF AUTHORITY
	ent general authority to act for me with respect to the Property, all tangible personal
	ed to the Property, and all financial transactions relating to the Property. The
	ted to my agent pursuant to this power of attorney expressly includes the following:
(1)	
(2)	32C-2-204 of the North Carolina General Statutes;
(2)	The authority to act with respect to tangible personal property as set forth in Section 32C-2-205 of the North Carolina General Statutes; and
(3)	,
(3)	forth in Section 32C-2-208 of the North Carolina General Statutes.
The authority	granted to my agent pursuant to this power of attorney may be exercised by my agent
	he exercise of that authority may benefit the agent or a person to whom the agent
_	ation of support.
	EFFECTIVE DATE; AUTOMATIC EXPIRATION
	attorney is effective immediately. The authority of my agent to act on my behalf
•	s power of attorney will automatically expire on (or, if no date is specified,
	the date of this power of attorney). Actions taken by my agent on my behalf pursuant
_	of attorney while this power of attorney remains in effect shall continue to bind me agent's authority expires.
even after my	agent's authority expires.
	RELIANCE ON THIS POWER OF ATTORNEY
Any person, ir	ncluding my agent, may rely upon the validity of this power of attorney or a copy of
it unless that p	person knows it has terminated or is invalid.
	MEANING AND EFFECT
	and effect of this power of attorney shall for all purposes be determined by the law
of the State of	North Carolina.
	SIGNATURE AND ACKNOWLEDGMENT
Your Sign	ature Date
Your Nam	e Printed
I certify that the	, County of the following person personally appeared before me this day, acknowledging to me
that he or she	signed the foregoing document:
D-4	

(Official Seal)	Signature of Notary Public	
(Official Scal)	, Notary Public	
My commission expires:	Printed or typed name	
(2017-153, s. 1; 2018-142, s. 32.)		