

POWER OF ATTORNEY
(STATUTORY FORM WITH DURABLE CLAUSE)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DEFINED IN CONNECTICUT STATUTORY SHORT FORM POWER OF ATTORNEY ACT, SECTIONS 1-42 to 1-56, INCLUSIVE, OF THE GENERAL STATUTES, WHICH EXPRESSLY PERMITS THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY DESIRED BY THE PARTIES CONCERNED.

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

That I, _____ of _____
_____ do hereby appoint _____ of _____
_____ as my attorney(s)-in-fact, TO ACT:

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 Statutory Short Form 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 subdivisions as to which the principal does NOT desire to give the agent authority. Such elimination of any one or more of subdivisions (A) to (K), inclusive, shall automatically constitute an elimination also of subdivision (L). To strike out any subdivision the principal must draw a line through the text of that subdivision AND write his initials in the box opposite.)

- | | |
|---|-----|
| (A) real estate transactions; | () |
| (B) chattel and goods transactions; | () |
| (C) bond, share and commodity transactions; | () |
| (D) banking transactions; | () |
| (E) business operating transactions; | () |
| (F) insurance transactions; | () |
| (G) estate transactions; | () |
| (H) claims and litigation; | () |
| (I) personal relationships and affairs; | () |
| (J) benefits from military service; | () |
| (K) records, reports and statements; | () |
| (L) health care decisions; | () |

(M) *all other matters;*

SECOND: *With full and unqualified authority to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select.*

THIRD: My attorney(s)-in-fact shall have the further power to make gifts and to institute gift programs to such activities and persons, including my attorney(s)-in-fact, as my attorney(s)-in-fact in his/her sole, absolute and uncontrolled discretion shall deem appropriate.

FOURTH: *Hereby ratifying and confirming all that said attorney(s) or substitute(s) does or causes to be done.*

SURVIVAL OF AUTHORITY UPON DISABILITY AND INCOMPETENCE OF PRINCIPALS

This Power of Attorney SHALL NOT be affected by the subsequent disability or incompetence of the principal.

This Power-of-Attorney hereby revokes any and all previous powers-of-attorney by me made.

IN WITNESS WHEREOF, I have hereunto signed by name and affixed my seal this ____ day of _____, 20____.

*Signed, sealed and delivered
in the presence of:*

STATE OF CONNECTICUT)
)
) SS: _____
COUNTY OF _____)

The foregoing POWER-OF-ATTORNEY was acknowledged before me on this ____ day of _____, 20____.

Brian D. Mezick
Notary Public
My Commission Expires: 11-30-2016