



GENERAL DURABLE POWER OF ATTORNEY

This power of attorney allows another person (called The Arc) to make decisions for you. The Arc will be able to make decisions and take actions for you, even if you are not able to act for yourself.

This power of attorney does not authorize the agent to make health-care decisions for you. There is a different form for that.

You should select someone that you trust. Unless you say different, The Arc will continue to act for you, until you say you want them to stop or until they quit or are unable to act for you.

This power of attorney starts immediately.

This power of attorney and what it allows The Arc to do was fully explained and you were given the opportunity to ask questions and provided an explanation for anything that you did not understand.

DESIGNATION OF AGENT

I, _____, name the following person as my agent:

Name of Agent: Matt Nalker, in his official capacity as the Executive Director of The Arc of Mississippi, and/or his agents/designees of the organization.

Agent's Address: 704 North President Street, Jackson, MS 39202

Agent's Phone No: 601.355.0220

The Arc of Mississippi and assigned personnel of the organization, shall have full power and authority to act on my behalf. This power and authority shall authorize them to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. These powers include, but not be limited to, the power to:

1. Sign a contract for me.
2. Buy insurance life insurance and burial insurance.
3. Help me operate any business that I may own.
4. Hire a professional if I need help, including attorneys, accountants, and real estate agents.
5. Manage banking, financial institution transactions, including opening an ABLE account.
6. Fill out, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:



- a. Get information or documents from the government or agencies, and to help me with any problem or service I have with them or to apply for benefits and services.
 - b. Fill out applications, provide information, and perform any other act reasonably requested by any government or its agencies, such as Department of Mental Health, Vocational Rehabilitation, Social Security Administration, the State Hospital or Regional Center.
7. Have access to any health care or educational records of mine.

This Power of Attorney shall be construed broadly as a General Durable Power of Attorney. The list of specific powers is not intended to limit or restrict the general powers given. I allow The Arc to indemnify and hold harmless any third party who accepts and acts under this document.

The Arc will not be liable for any loss that results from a judgment error that was made in good faith. However, they will be liable for willful misconduct or the failure to act in good faith for me. The Arc will give an accounting for any money handled for me

This Power of Attorney starts immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. It may be stopped by me at any time by telling or writing a note to The Arc.

Signed this _____ day of _____, 2019.

STATE OF MISSISSIPPI

COUNTY OF _____

Subscribed and sworn to before me in my presence, on this the ____ day of _____, 2019, appeared before me, _____, personally known to me (or having proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it.

Signature of Notary Public

NOTARY SEAL

My Commission Expires _____