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).
DESIC	GNATION OF SUCCESSOR AGENT(S) (OPTIONAL)
If my agent is unable or unwilli	ng to act for me, I name as my successor agent:
Name of Successor Agent:	
If my successor agent is unable	or unwilling to act for me, I name as my second successor agent:
Name of Second Successor Age	ent:
INITIAL below if you want to g	give an agent the power to name a successor agent.
	ent the full power to appoint another to act as my agent, and full ent, if no agent named by me above is willing or able to act.
GF	RANT OF GENERAL AUTHORITY
	cessor agent general authority to act for me with respect to the the North Carolina Uniform Power of Attorney Act, Chapter 32C
	nt to include in the agent's general authority. If you wish to grant he subjects you may initial "All Preceding Subjects" instead of
 () Real Property () Tangible Personal Prop () Stocks and Bonds () Commodities and Optic () Banks and Other Finan () Operation of Entity or 1 () Insurance and Annuitie () Estates, Trusts, and Oth () Claims and Litigation () Personal and Family M 	ons cial Institutions Business es ner Beneficial Interests
	nental Programs or Civil or Military Service

() 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.
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
This power of attorney is effective immediately.

NOMINATION OF GUARDIAN (OPTIONAL)

INITIAL below ONLY if you WANT yo	our acting agent to be your Guardian.
() If it becomes necessary for a could nominate my agent acting under this poother security.	art to appoint a guardian of my estate or a general guardian ower of attorney to be the guardian to serve without bond or
RELIANCE ON	THIS POWER OF ATTORNEY
Any person, including my agent, may rel unless that person knows it has terminat	ly upon the validity of this power of attorney or a copy of i red or is invalid.
MEA	ANING AND EFFECT
The meaning and effect of this power of the State of North Carolina.	attorney shall for all purposes be determined by the law of
SIGNATURE	AND ACKNOWLEDGMENT
Your Signature	Date
Your Name Printed	_
State of	_, County of
	onally appeared before me this day, acknowledging to mement:
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;
- 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)

(1)				e of Principal) granted	me authority as an
agent or			er of attorney dated		
(2)	The	powers and auth	ority granted to m	e in the power of atto	orney are currently
exercisal	ole by n	ne.			
(3)	(3) I have no actual knowledge of any of the following:				
	(a)	The principal is	s deceased.		
	(b)	The power of a	ttorney or my author	rity as agent under the po	ower of attorney has
			r terminated, partial		
	(c)	The principal la	acked the understand	ling and capacity to mak	e and communicate
		decisions regar executed.	ding his estate and p	person at the time the poverson	wer of attorney was
	(4)		ttomari rivas not nuon	erly executed and is not	a lagal walid nawan
	(d)	of attorney.	ttorney was not prop	erry executed and is not	a legal, valid power
	(e)	(Insert	other	relevant	statements)

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.

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

(4)

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature	Date
Agent's Name Printed	_
Agent's Address	_
Agent's Telephone Number	_
COUNTY OF	
Sworn to or affirmed and subscribed befor	re me this day by:
Date:	Signature of Notary Public
(Official Seal)	, Notary Public Printed or typed name
(2017-153, s. 1.)	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:
1)	Name of Prin	
	e of Agent: _	
For p	ourposes of	this power of attorney, the "Property" is all of that real property located inCounty, North Carolina, and known or identified as follows:
		GRANT OF AUTHORITY
prope	erty related to ed to my age (1) (2) (3)	general authority to act for me with respect to the Property, all tangible personal the Property, and all financial transactions relating to the Property. The authority nt pursuant to this power of attorney expressly includes the following: The authority to act with respect to real property as set forth in Section 32C-2-204 of the North Carolina General Statutes; 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 The authority to act with respect to banks and other financial institutions as set forth in Section 32C-2-208 of the North Carolina General Statutes.
	though the e	exercise of that authority may benefit the agent or a person to whom the agent or of support.
pursu one y to thi	ear from the spower of a	EFFECTIVE DATE; AUTOMATIC EXPIRATION orney is effective immediately. The authority of my agent to act on my behalf ower of attorney will automatically expire on (or, if no date is specified, date of this power of attorney). Actions taken by my agent on my behalf pursuant ttorney while this power of attorney remains in effect shall continue to bind me nt's authority expires.
		RELIANCE ON THIS POWER OF ATTORNEY ding my agent, may rely upon the validity of this power of attorney or a copy of it knows it has terminated or is invalid.
	neaning and tate of North	MEANING AND EFFECT effect of this power of attorney shall for all purposes be determined by the law of Carolina.
		SIGNATURE AND ACKNOWLEDGMENT
Y	our Signatur	e Date
Y	our Name Pr	inted
_		
I cert	ify that the f	, County of Collowing person personally appeared before me this day, acknowledging to me
that h	e or she sign	ned the foregoing document:
Data		

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