

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT I, _____, residing at _____,
_____, do hereby make, constitute and appoint
_____, my true and lawful attorney, for me and in my
name, place and stead, hereby giving my said attorney full and complete authority. If the above
mentioned person chooses not to serve, I then appoint:_____.

To make, execute and deliver for me and in my name, any and all deeds, document writings,
checks, drafts and notes, of all kinds and descriptions;

To generally do and perform any and all acts and things whatsoever in and about my estate,
property and affairs, in all respects and as fully as I could do if personally present;

I hereby ratify and confirm each and every act or thing which my said attorney shall do or cause
to be done by virtue thereof;

To make healthcare decisions for me. For the purposes of this document, "healthcare decision"
means consent, refusal of consent, or withdrawal of consent to any care, treatment, service or
procedure to maintain, diagnose or treat any physical or mental condition.

The person designated above is given authority to inspect and disclose any information related to
my physical and mental health, and is authorized to sign documents, waivers, and releases
including documents titled or purporting to be a "refusal to permit treatment" and "leaving the
hospital against medical advice" and to execute any waiver or release from liability required by a
hospital or physician.

This power of attorney shall become effective upon my disability or incapacity.

IN WITNESS WHEREOF, I have duly executed this document this ____ day of _____,
_____.

STATE OF KENTUCKY

COUNTY OF _____

On the ____ day of _____, _____, before me personally came
_____, known to me to be the individual described in, and who
executed the foregoing instrument and he/she acknowledged to me that he/she executed the
same.

My commission expires:

NOTARY PUBLIC, STATE AT LARGE