

CONDITIONAL DURABLE POWER OF ATTORNEY

NORTH CAROLINA

_____ COUNTY

CONDITIONAL DURABLE POWER OF ATTORNEY (Law Office Closing)

I, _____, do hereby appoint _____ as my agent and attorney-in- fact for the limited purpose of conducting all transactions and taking any actions that I might do with respect to my law office bank account(s) and safe deposit box(es). I do further authorize my banking institutions to transact my law office account(s) as directed by my attorney-in-fact and to afford the attorney-in-fact all rights and privileges that I would otherwise have with respect to my law office account(s) and safe deposit box(es). Specifically, I am authorizing my attorney-in-fact to sign my name on checks, notes, drafts, orders, or instruments for deposit, withdraw, or transfer money to or from my law office account(s), make electronic funds transactions, receive statements and notices on the account(s), and do anything with respect to the law office account that I would be able to do. I am also authorizing my named attorney-in-fact to enter and open my safe deposit box(es), place property in the box(es), remove property from the box(es), and otherwise do anything with the box(es) that I would be able to do, even if my attorney-in-fact has no legal interest in the property in the box.

This power of attorney shall be effective upon execution; however, my attorney-in-fact shall not be empowered to act on my behalf until I become incapacitated or mentally incompetent. My attorney-in-fact will NOT (except at my written request) exercise any authority granted by this instrument unless and until he/she receives a written certificate by two (2) licensed medical doctors stating that physically or mentally I am incapable of handling my own business affairs. My said attorney-in-fact shall have no duty to inquire regarding my physical or mental condition, and shall have no duty (except at my written request) to exercise his/her powers under this instrument until he/she has received certification from two medical doctors as described above.

This Power of Attorney will continue until the banking institution receives my written revocation of this Power of Attorney or written instructions from my attorney-in-fact to stop honoring the signature of my attorney-in-fact.

This Power of Attorney shall not be affected by my subsequent disability or incapacity.

[Planning Attorney]

[Date]

NORTH CAROLINA

_____ COUNTY

I, _____, a Notary Public of the County and State aforesaid mentioned, certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp or seal, this _____ day of _____, 20_____.

[Notary Public]

My commission expires: _____