

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, _____, presently
(Grantor's Name) **(Social Security Number)**
residing at _____,
(Grantor's Address)
constitute and appoint _____ whose present address is
(Grantee's Name)

(Grantee's Address)

my true and lawful attorney to act for me and in my stead as follows:

For me and in my name to act on my behalf for disposition of the remains of
_____ and any actions related to such disposition.
(Service Member's Name)

FURTHER, I do authorize my aforesaid Attorney-in-Fact to perform all necessary acts, and to sign and deliver all documents in the execution of the aforesaid authorizations with the same validity as I could have affected if personally present.

AND I HEREBY DECLARE that any act or thing lawfully done hereunder by my said attorney in-fact, shall be binding on myself and my heirs, devisees, legatees, legal and personal representatives, and assigns.

This Power of Attorney shall remain in full force and effect until the occurrence of the first of the following events: (1) my death; (2) the death of my said attorney in-fact; (3) the revocation of this Power of Attorney by me; or (4) until _____ **(DATE POWER OF ATTORNEY IS TO EXPIRE)**.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____
day of _____, 20_____.

(Grantor's Name)

ACKNOWLEDGMENT

(State of Grantor)

(County of Grantor)

I, _____, a Notary Public for the state of _____
(Notary's Name) **(State of Grantor)**

do certify that _____, whose name is affixed to the foregoing
(Grantor's Name)

Power of Attorney, whose identity has been satisfactorily provided to me, did personally appear before me and execute this instrument as a voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I set my hand and affixed my seal this _____ day of _____, 20_____.

My Commission Expires: _____

(Notary Public)