POWER OF ATTORNEY

NOTICE

 THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR “AGENT”) BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

 THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

 YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT’S AUTHORITY.

 YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

 THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER A POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

 A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

 THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA. C.S. CHAPTER 56.

 IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

 I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

Date:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Principal

 KNOW ALL PERSONS BY THESE PRESENTS, That I, PRINCIPAL, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Pennsylvania \_\_\_\_\_, have made, constituted, and appointed, and by these presents do make, constitute, and appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Pennsylvania \_\_\_\_\_, to serve without bond as my true and lawful Agents, for me and in my name and on my behalf, generally to act as my Agents and Conservators of my law practice in the event of my inability to operate my practice or to attend to the needs of my clients. It is my express intention that either of my Agents and Conservators may act alone as my Agent or Conservator. My inability to operate my practice or to attend to the needs of my clients may be determined on the basis of an affidavit by my wife, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or my paralegal, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, without the requirement of an order of court therefor. My Agents or Conservators may perform, on my behalf, all of the responsibilities of a Conservator under the Pennsylvania Rules of Disciplinary Enforcement, all of which are incorporated herein by reference as though fully set forth, and including, without limitation, the control and management of client and practice funds, including receivables, practice financial records, client files, and practice mail, all wherever located. To minimize confusion concerning my intentions with respect to any electronic data of my practice, my Agents and Conservators may access, use and control my digital devices, including but not limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smartphones, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops for the purpose of accessing, modifying, deleting, controlling, or transferring any electronic data of my practice.  Further, my Agents and Conservators may access, modify, delete, control, and transfer any electronic data of my practice, including but not limited to, emails received, email accounts, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, financial accounts, domain registrations, cloud storage, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts, and similar digital items which currently exist or may exist as technology develops or such comparable items as technology develops.  No electronic transactions will be valid unless they are confirmed in a notarized paper document by one or both of my Agents and Conservators.

 THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY.

 I hereby declare that any act performed hereunder by my aforesaid Agents and Conservators shall be binding on myself and my heirs, representatives, and assigns.

 This Power of Attorney shall continue in full force and effect and may be accepted and relied upon by anyone to whom it is presented despite my purported revocation of it or my death, until actual written notice of revocation or death are received by any person relying upon this Power of Attorney.

 My Agents and Conservators shall be entitled to reasonable compensation for their services and to reimbursement for all reasonable costs and expenses incurred pursuant to the duties and responsibilities hereunder.

 My aforesaid Agents and Conservators shall not be liable for any acts of commission or omission performed in good faith under this Power of Attorney, but shall be liable only for deliberate and intentional breaches of fiduciary duties.

 IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SEAL)

 Principal

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA )

 ) SS:

COUNTY OF CUMBERLAND )

 We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the witnesses whose names are signed hereto, being duly qualified according to law, do depose and say that the preceding instrument was, on the date thereof, signed, sealed, published, and declared as his Power of Attorney, by PRINCIPAL, the Principal therein named, willingly and as his free and voluntary act for the purposes therein expressed; and that, to the best of our knowledge, the Principal was at that time eighteen or more years of age, of sound mind, and under no constraint or undue influence.

 Sworn to or affirmed and subscribed to before me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, witnesses, this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA )

 ) SS:

COUNTY OF CUMBERLAND )

 I, PRINCIPAL, the person whose name is signed to the foregoing instrument, having been duly qualified according to law, do hereby acknowledge that the instrument was signed and executed on my behalf and at my specific direction as my Power of Attorney and that it was signed willingly and as my free and voluntary act for the purposes therein expressed.

 Sworn to or affirmed and acknowledged before me by PRINCIPAL, this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Principal

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

 We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the foregoing Power of Attorney and are the persons identified as Agent for the principal. We hereby acknowledge that when we act as Agent:

 We shall act in accordance with the principal’s reasonable expectations to the extent actually known by me and, otherwise, in the principal’s best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agent

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agent