DURABLE POWER OF ATTORNEY

I, the undersigned, _____, the principal herein being of sound mind and having full capacity to contract and conduct my own affairs, do hereby appoint and empower _____ to act in matters as described below as my Attorney-in-Fact.

_____ shall have the power to see, obtain, and copy information or documents on me which I would be entitled to obtain, whether covered by the Privacy Act or other privacy safeguards, including credit information, from any public or private agency, business, or record-keeping entity.

Furthermore, _____ shall have the power to act on my behalf in any manner and on any subject on which I myself may act with regard to any person or property, whether real, personal, intangible, or mixed, to the limit of the law, including but not limited to the disposition and sale of real property; to do business with banks, and particularly to endorse all checks and drafts made payable to my order and collect the proceeds; to sign in my name checks on all accounts standing in my name, and to withdraw funds from said accounts, to open accounts in my name or in his name as my attorney-in-fact; to make such payments and expenditures as may be necessary in connection with any of the foregoing matters or with the administration of my affairs; and generally, to do all acts and take all steps which in his judgment are necessary, convenient or expedient in the management of my property and affairs, hereby giving my said attorney full power to act for me and in relation to my affairs, business, and property as fully and with like effect as I could act as if personally present.

This Power of Attorney is executed in conformation with the Uniform Durable Power of Attorney Act, 58 Okla. Stat. Sections 1071 through 1077 as amended. It shall be effective upon the date shown below and notarized hereto. This Power of Attorney shall not be affected by subsequent disability or incapacity of the principal, or lapse of time. This Power of Attorney shall cease to be effective if the Attorney-in-Fact herein named dies, ceases to act, refuses or is unable to serve, or resigns. Photographic and xerographic copies of this document shall have the same force and effect as the original.

WHEREOF, in testimony thereof, I have subscribed my name or made my mark in the presence of a notary public as shown below.

_____

STATEMENT OF WITNESS

The principal, _____, is personally known to me and I believe he is of sound mind. I am eighteen (18) years of age or older. I am not related to the principal or to the Attorney-in-Fact by blood or marriage. The principal has declared to me that this instrument is his power of attorney granting to the named Attorney-in-Fact the power and authority specified herein, and that he has willingly made and executed it as his free and voluntary act for the purpose herein expressed.

_____ _____

WITNESS (print name) WITNESS (print name)

STATE OF OKLAHOMA)
) ss.:
COUNTY OF OKLAHOMA)

Before me, the undersigned authority, on this ____ day of January, 2009, personally appeared _____, principal, _____, Witness, and _____, Witness, whose names are subscribed to the foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the principal declared to me and to the said witnesses in my presence that the instrument is his Power of Attorney, and that the principal has willingly and voluntarily made and executed it as his free act and deed for the purposes therein expressed, and the witnesses declared to me that they were each eighteen years of age or older, and that neither of them is related to the principal or the Attorney-in-Fact by blood or marriage.

_____

NOTARY PUBLIC MY COMMISSION EXPIRES: