

**AND WHEN RECORDED MAIL TO:**

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Space Above This Line for Recorder's Use Only

**STATUTORY SHORT FORM POWER OF ATTORNEY**

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING AS DEFINED IN VOLUME 2, CHAPTER 31, PART 2 MONTANA CODE ANNOTATED. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT ADVICE. THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY DESIRED BY THE PARTIES IS ALSO PERMITTED. THIS POWER OF ATTORNEY MAY BE REVOKED BY YOU IF YOU LATER WISH TO DO SO. THIS POWER OF ATTORNEY AUTHORIZED BUT DOES NOT REQUIRE THE ATTORNEY-IN-FACT TO ACT FOR YOU.

Know all by these presents, which are intended to constitute a Statutory Short Form Power of Attorney pursuant to this section:

That I/we do hereby appoint as my/our attorney-in-fact:

First: in my name, place, and stead in any way that I could do, if I were personally present, with respect to the following matters as each of them is defined in 72-31-202 through 72-31-216:  
Check or "X"

\_\_\_(A) real property transactions

Legal Description \_\_\_\_\_

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- \_\_\_(B) tangible personal property transactions;
- \_\_\_(C) bond, share, and commodity transactions;
- \_\_\_(D) banking transactions;
- \_\_\_(E) business operating transactions;
- \_\_\_(F) insurance transactions;
- \_\_\_(G) beneficiary transactions;
- \_\_\_(H) gift transactions;
- \_\_\_(I) fiduciary transactions;
- \_\_\_(J) claims and litigation;
- \_\_\_(K) family maintenance;
- \_\_\_(L) benefits from military service;
- \_\_\_(M) records, reports, and statements;
- \_\_\_(N) all other matters;
- \_\_\_(O) all of the powers listed in (A) through (N).

Second:

- \_\_\_ This power of attorney shall continue to be effective if I become incompetent. It shall not be affected by my later disability or incompetency.
- \_\_\_ This power of attorney shall not be effective if I become incompetent.

Third:

- \_\_\_ This power of attorney authorizes the attorney-in-fact to receive the transfer directly.
- \_\_\_ This power of attorney does not authorize the attorney-in-fact to receive the transfer directly.

In Witness Whereof, I have hereunto signed my name \_\_\_\_\_ . (Date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF Montana )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )

This instrument was acknowledged before me on \_\_\_\_\_, (date) by  
\_\_\_\_\_. (acknowledged name)

\_\_\_\_\_  
Signature of Notarial Officer

Notary Public for the State of Montana  
Residing in: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_

Specimen Signature of Attorney(s)-in-fact

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

**Exhibit A**