

**SPECIFIC POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That the undersigned,  
\_\_\_\_\_, hereby makes, constitutes  
and appoints \_\_\_\_\_, as his/her true  
and lawful attorney-in-fact , in his/her name, place and stead, to execute any and  
all documents and to receive on his/her behalf, all distributions associated with the  
Estate of \_\_\_\_\_, deceased, to hold and  
distribute, as requested by the undersigned. The undersigned hereby ratifies and  
confirms all lawful acts done by said attorney-in-fact in accordance with this  
specific power of attorney, now or in the future.

This specific power of attorney shall not terminate upon the undersigned's  
disability, incompetence or incapacity, and all power and authority granted  
hereunder to said attorney-in-fact shall continue and be exercisable by said  
attorney-in-fact notwithstanding that the undersigned may subsequently become  
disabled, incompetent, or incapacitated, and all acts done by said attorney-in-fact  
pursuant to this specific power of attorney during the period of any such disability,  
incompetence or incapacity, shall have in all respects the same effect and shall  
inure to the benefit of and bind him/her as fully as if he/she was not subject to such  
disability, incompetence, or incapacity, and all power and authority granted  
hereunder shall remain in full force and effect.

This power of attorney shall terminate upon the written notarized

instruction of the undersigned, delivered to the attorney-in-fact appointed herein.

This power of attorney is intended to be presented to the Commissioner of Accounts for the Henrico County Circuit Court for purposes of verification of the receipt by my agent, on my behalf, of any distribution I may be entitled to from the herein referenced estate and may be accepted as such verification.

Witness the following signature and seal this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Signature: \_\_\_\_\_(SEAL)

Printed Name: \_\_\_\_\_

STATE OF VIRGINIA

CITY/COUNTY OF \_\_\_\_\_, to-wit:

I, the undersigned, a Notary Public in and for the jurisdiction aforesaid, do hereby certify that \_\_\_\_\_, whose name is signed to the foregoing Specific Power of Attorney, has acknowledged the same before me in the jurisdiction aforesaid.

Given under my hand this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

My registration number \_\_\_\_\_

SEAL: