

Power of Attorney Form

Date: ____/____/____

I, _____, a resident of _____, residing at

Do hereby appoint, Tony Novak, Certified Public Accountant, a resident of Newport, New Jersey, located at 183 Bayview Road, Newport NJ 08345, Telephone (800) 609-0683, Fax (888) 581-0748, Email onlineadviser@live.com,

as my attorney-in-fact.

My attorney-in-fact may act on my behalf for the following purpose(s):

- Real Estate Transactions
- Stock and Bond Transactions
- Commodity and Option Transactions
- Tangible Personal Property Transactions
- Banking and Other Financial Institution Transactions
- Business Operating Transactions
- Insurance and Annuity Transactions
- Estate, Trust and Other Beneficiary Transactions
- Claims and Litigation
- Personal and Family Maintenance
- Benefits from Social Security, Medicare, Medicaid or Other Government Programs
- Retirement Plan Transactions
- Tax Matters
- Decisions Regarding Lifesaving and Life Prolonging Medical Treatment.
- Decisions Relating to Medical Treatment, Surgical Treatment, Nursing Care, Medication, Hospitalization, Institutionalization in a nursing home or other facility and home health care. (This is NOT a Durable Power or Attorney)

[_____] Transfer of Property or Income as a Gift to the Principal's Spouse for the purpose of qualifying the principal for governmental medical assistance.

[_____] Other as described: _____

[_____] ALL OF THE ABOVE POWERS, INCLUDING FINANCIAL, TAX AND HEALTH CARE DECISIONS.

This power of attorney shall take effect immediately and will continue indefinitely or until revoked by me or by my death.

I do hereby grant my attorney in fact complete authority to act in any reasonable manner that is necessary to execute the above mentioned powers that are granted.

I agree that any third party who is given a copy of this power of attorney may act relying on it. I also agree that revocation of this power of attorney is effective as to a third party only upon receipt of actual notice by the third party. I agree to indemnify the attorney and the third party for any loss that may be suffered while carrying out this power of attorney.

Signature & Acknowledgment

This contract shall be governed by the laws of the State of New Jersey in Cumberland County and any applicable Federal Law.

Signature _____ Date _____

By accepting this appointment and acting under it, I the attorney-in-fact ("Agent") do hereby assume the legal responsibilities of an agent.

Signature of Attorney-in-Fact _____ Date _____

WITNESS #1) _____

WITNESS #2) _____