

GENERAL POWER OF ATTORNEY

State of North Carolina

County of Harnett

Know all men by these presents that I
the undersigned of _____ County, State of
North Carolina, hereby make, constitute and appoint _____
of _____ County, State of North
Carolina, my true and lawful attorney-in-fact for me and in my name, place and stead,
giving unto said _____ full power to act in my name, place and
stead in any way which I myself could do if I were personally present with respect to the
following matters:

(1) Personal relationships and affairs:

To have custodial care of and provide care for the principal minor child
_____, whose date of birth is _____ and to have the
authority to consent to any medical, dental, surgical, psychological or educational
treatment or services needed by said child.

I hereby ratify and affirm that which _____ shall
lawfully do or cause to be done pursuant to this power of attorney.

This power of attorney terminates on _____

This power of attorney shall not be affected by my subsequent incapacity or mental
incompetence.

Dated: _____

Signature: _____ (SEAL)

NORTH CAROLINA
HARNETT COUNTY

I, _____ a Notary Public in and for the aforesaid State and County,
do hereby certify that _____, personally appeared before me this day, and
being by me duly sworn, duly executed the foregoing instrument.

Witness my hand and notarial seal this _____ day of _____

Notary Public Signature: _____

My Commission Expires: _____