

DURABLE POWER OF ATTORNEY

I, [EMPLOYEE/RETIREE FULL NAME] _____ (the Principal), of [CITY & STATE] _____, designate [NAME OF PERSON(S)] _____ of [CITY & STATE] _____ as my attorney-in-fact (the Agent) to advocate and make decisions for me regarding current or future employment matters including, but not limited to, employee and or retiree benefits, paychecks and deposit accounts, retirement matters and decisions, pensions and other related retirement accounts, as well as life insurance and other related beneficiary management.

Photocopies of this signed Power of Attorney shall be treated as original counterparts.

I hereby revoke any previous Power of Attorney that I may have given to deal with my property and affairs with the City of Chesapeake as set forth herein.

In the event of the unwillingness to serve, death, resignation, disqualification, or incapacity of the Agent named in this document as my attorney-in-fact, I then appoint a Substitute Agent, [FULL NAME OF SUBSTITUTE AGENT] _____, presently residing in [CITY & STATE] _____ as my Agent to serve with the same powers.

Any person, including my agent, may rely upon the validity of this Power of Attorney or a copy of it unless that person knows it has terminated or is invalid.

Choice of Law. All questions concerning the validity and construction of this Power of Attorney shall be determined under the laws of Virginia.

Principal's Signature _____ **Date** _____

Notarization

State of _____

City/County of _____

On _____,
[DATE] [NAME OF PERSON]

appeared before me and proved to my satisfaction that [he/she/they] is the person whose name is subscribed to this Durable Power of Attorney and acknowledged the due execution of the foregoing instrument.

[SIGNATURE OF NOTARY]

[PRINTED NAME OF NOTARY]

My commission expires _____