LIMITED POWER OF ATTORNEY TO MANAGE AND/OR CLOSE LAW PRACTICE AT A FUTURE DATE

I,, residing at,
an attorney duly licensed to practice law in the Commonwealth of Kentucky, with offices located at
, do hereby appoint
, an attorney licensed and in good standing to practice
law in the Commonwealth of Kentucky, with offices located at,
as my agent and attorney-in-fact (hereinafter "Agent") to act for me, in my name and in my behalf as
hereinafter provided. This limited power of attorney shall become and remain effective, however,
only upon and during a period of my incapacity by reason of my disappearance, disability, or other
inability to act which renders me incapable of conducting my law practice in a competent manner.
Such determination of incapacity shall be made by me or written certification by:

- (i) a physician duly licensed to practice medicine who has treated me within one year preceding the date of such certification; OR
- (ii) my Agent, who shall base his/her findings on reliable sources, including one or more members of my immediate family, a written opinion of one or more licensed physicians who diagnosed or treated me within one year preceding the date of my incapacity, my law firm colleagues and/or my office staff with whom I maintained a close and continuous relationship during the period immediately preceding my incapacity

As part of the process of determining whether I lack decision-making capacity, all individually identifiable health information and medical records may be released to my Agent even though such representative's appointment has not yet become effective. This release and authorization applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. Section 1320d and 45 C.F.R. Section 160-164.

I hereby appoint my Agent, for the sole and limited purpose and in my name and stead, of conducting all matters and managing all property, whether real or personal, that are related to or associated with my law practice in any way wherein I myself might act if I personally were present and to the extent that I am permitted by law to act through such an agent. These powers shall include and shall be limited to the following:

- a. Entering my office and using my office equipment and supplies as needed to manage or close my practice;
- b. Opening my mail and processing it;
- c. Taking possession and control of all property comprising my law office, including client files and records;
- d. Examining files and records of my law practice and obtaining information as to any pending matters that may require attention;

- e. Notifying clients, potential clients, and other who appear to be clients, that my Agent has been given this authorization and that it is in their best interest to obtain other legal counsel (AND that my Agent may provide legal services to my former clients providing there is no conflict of interest and my Agent obtains my former client's consent to do so.);
- f. Copying my office files;
- g. Obtaining client consent to transfer files and client property to new attorneys;
- h. Transferring client files and property to clients or their new attorneys;
- i. Obtaining client consent to obtain extensions of time and contacting opposing counsel and courts/ administrative agencies to obtain extension of time;
- j. Applying for extensions of time pending employment of other counsel by the clients;
- k. Filing notices, motions, and pleadings on behalf of clients where the clients' interests must be immediately protected and other legal counsel has not yet been retained;
- l. Contacting all appropriate persons and entities who may be affected, and informing them of my authorization of Agent;
- m. Arranging for transfer and storage of closed files;
- n. Winding down the financial affairs of my practice, including providing my clients with a final accounting and statement for services rendered by myself, return of client funds, collection of fees on my behalf or on behalf of my estates, payment of business expenses and closure of business accounts where appropriate;
- o. Advertising my law practice or any of its assets to find a buyer for the practice;
- p. Arranging for an appraisal of my practice for the purpose of selling my practice;
- q. Paying Agent a reasonable sum for services rendered with Agent to keep accurate time records for the purpose of determining amounts due for services rendered, which shall be provided by Agent as an independent contractor;
- r. Employ professionals and incur debt as needed; AND
- s. Managing accounts maintained at my bank or financial institution for my practice, including my operating, IOLTA and business savings account, without any further authorizations being necessary unless such bank or financial institution has actual knowledge that this authorization has been terminated or is no longer in effect.

I hereby reserve the right to revoke this Limited Power of Attorney by written instrument, which shall not affect the validity of any actions taken by my Agent prior to such revocation.

To induce third parties to act hereunder, I hereby agree that any such third party receiving a duly executed original copy of this instrument, or a copy certified in such manner as to make it viable and effective as provided by law, may act hereunder, and that the revocation or termination of this instrument shall be ineffective as to any such third party unless and until such third party's knowledge or receipt of notice of such revocation or termination, and I, for myself, my heirs, executors, administrators, legal representatives, successors and assigns hereby agree to indemnify and hold harmless any such third party against any claim(s) that may arise against such third party by reason of his or her having so relied upon the provisions of this instrument.

Ifi	s unable or unwilling to serve as my Agent hereunder, or
	, an attorney licensed and in
0 1	monwealth of Kentucky, with offices located at
, to be my Ag	gent for the limited purposes set forth herein,
This Limited Power of Attorney s	shall not be affected by my subsequent disability or
incapacity.	
	(Name)
COMMONWEALTH OF KENTUCKY	}
	}
COUNTY OF	}}
	ged before me this theday of
20, by	to be her free act and deed.
My commission expires:	
	NOTARY PUBLIC, STATE AT LARGE