

POWER OF ATTORNEY (GENERAL)

STATE OF LOUISIANA

PARISH OF SAINT LANDRY

I. IDENTIFICATION OF THE PARTIES

Principal (Person granting authority):

Full Name: GLENDA KELLEY
Address: 121 AZALEA STREET
City, State, ZIP: PORT BARRE, LOUISIANA 70577

Mandatory (Person receiving authority):

Full Name: DOUGLAS KELLEY
Address: 121 AZALEA STREET
City, State, ZIP: PORT BARRE, LOUISIANA 70577

II. GRANT OF AUTHORITY

I, GLENDA KELLEY, the undersigned Principal, appoint **DOUGLAS KELLEY** my

Mandatory (**Agent**) to act on my behalf and exercise the following powers:

The undersigned Mandatory, DOUGLAS KELLEY, shall have and maintain full authority to act on my behalf in any and all financial, legal, medical and/or personal matters at his sole discretion and based upon his judgment and according to the facts and circumstances thereby present.

III. DURABILITY

This mandate shall remain in full force and effect in the event that I ever become incapacitated and/or disabled; such occurrence shall not render this document invalid nor shall it in any way revoke, limit or usurp the authority granted unto the Mandatory,

DOUGLAS KELLEY, herein.

IV. EFFECTIVE DATE

This Mandate is effective immediately upon signing and shall so remain effective until and at such time as it is expressly revoked in writing by the Principal, GLENDA KELLEY, or as mandated by ordered by a Court having actual and proper jurisdiction herein.

V. SIGNATURES

THUS DONE AND SIGNED at Port Barre, Louisiana on this the _____ day of _____, 2025, before the above mentioned parties along with the undersigned and competent witnesses along with me, Notary, who hereby affix their signatures hereto after a due reading of the whole, the parties understanding its terms and implications

Principal's Signature: _____

Date: _____

VI. WITNESS ACKNOWLEDGMENT (Optional, but recommended)

Witness 1

Printed Name: _____

Signature: _____

Date: _____

Witness 2

Printed Name: _____

Signature: _____

Date: _____

VII. NOTARIZATION (Optional, but Required for Real Estate Authority)

State of Louisiana

Parish of _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public personally appeared _____, who executed this mandate voluntarily and acknowledged its

[Principal's Name]
contents.

Notary Public Signature: _____

Printed Name: _____

Notary ID Number: _____

Commission Expires: _____