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2:44 PM

< Re: Urgent Document



Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: Bruce Phillipowsky

<[bruce.phillipowsky@gmail.com](mailto:bruce.phillipowsky@gmail.com)>

Date: [12/01/2017 4:10 AM](#) (GMT+05:30)

To: [victoriagilhooly@yahoo.com](mailto:victoriagilhooly@yahoo.com)

Cc: [natty.phillipowsky@gmail.com](mailto:natty.phillipowsky@gmail.com)

Subject: Urgent Document

Hi Victoria,

I have attached a Word Document that you will need to print off and then get Myrtle to sign it. Please get it notarized and stamped. Then you will need to **DHL/FedEx** it back to us at [6316 Fall River Drive, The Colony, Texas 75056](#) -USA.

Let us know what all this costs and we will immediately send you the money for all your expenses. Please do this as soon as we need it for Natty's Life Insurance as we have just removed George Gilhooly from the Life Insurance Policy leaving only Myrtle as a beneficiary.



STATUTORY DURABLE POWER OF ATTORNEY

I, Myrtle Gilhooly, residing at Prince Village 2, C14 Block #101, 1st Floor Elaya Street, Tondiapet, Chennai – 600081 hereby appoint my daughter Natalie Phillipowsky, 6316 Fall River Drive, The Colony, Texas, 75056 – USA, and my son Ricky Anthony Gilhooly, 7 Hardwick Park, Banbury, OXEN OX16 1YD, England, as my agents (attorney in fact) to act for me in any lawful way with respect to all of the following powers that I have initialed below.

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS LISTED IN (A) THROUGH (M).

- \_\_\_ (A) Real property transactions;
- \_\_\_ (B) Tangible personal property transactions;
- \_\_\_ (C) Stock and bond transactions;
- \_\_\_ (D) Commodity and option transactions;
- \_\_\_ (E) Banking and other financial institution transactions;
- \_\_\_ (F) Business operating transactions;
- \_\_\_ (G) Insurance and annuity transactions;
- \_\_\_ (H) Estate, trust, and other beneficiary transactions;
- \_\_\_ (I) Claims and litigation;
- \_\_\_ (J) Personal and family maintenance;
- \_\_\_ (K) Benefits from social security, Medicare, Medicaid, or other governmental programs or civil
- \_\_\_ (L) Retirement plan transactions;
- \_\_\_ (M) Tax matters;
- \_\_\_ (N) ALL OF THE POWERS LISTED IN (A) THROUGH (M). YOU DO NOT HAVE TO INITIAL THE LINE IN FRONT OF ANY OTHER POWER IF YOU INITIAL LINE (N).

**SPECIAL INSTRUCTIONS:**

Special instructions applicable to gifts (initial in front of the following sentence to have it apply):  
I grant my agent (attorney in fact) the power to apply my property to make gifts outright to or for the benefit of a person, including by the exercise of a presently exercisable general power of appointment held by me, except that the amount of a gift to an individual may not exceed the amount of annual exclusions allowed from the federal gift tax for the calendar year of the gift.  
ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

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(A) This power of attorney is not affected by my subsequent disability or incapacity.

A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Revocation of the durable power of attorney is not effective. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

If the agents named by me dies, becomes legally disabled, resigns, or refuses to act, I name the following to act together as successor(s) to that agent:

1. Amanda Gilhooly - 7 Hardwick Park, Banbury, OXEN OX16 1YD, England,
2. Bruce Phillipowsky - 6316 Fall River Drive – The Colony – Texas 75056 USA

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(Myrtle Gilhooly Signature)  
State of \_Chennai, Tamil Nadu - India

This document was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_  
(name of principal)

\_\_\_\_\_  
(signature of notarial officer)  
(Seal, if any, of notary) \_\_\_\_\_  
(printed name)  
My commission expires: \_\_\_\_\_