

## POWER OF ATTORNEY FORM

**NOTICE TO THE PRINCIPAL:** THIS IS AN IMPORTANT LEGAL DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY DURING YOUR LIFETIME, WHICH MAY INCLUDE POWERS TO MORTGAGE, SELL, OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT YOUR ADVANCE NOTICE OR APPROVAL. THESE POWERS WILL EXIST IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

### I. DESIGNATION OF AGENT

I, \_\_\_\_\_, with a mailing address of \_\_\_\_\_ (hereinafter referred to as the "Principal"), hereby designate and appoint:

Name of Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Phone: \_\_\_\_\_

as my attorney-in-fact (hereinafter referred to as the "Agent") to act for me and in my name, place, and stead in any way which I myself could do if I were personally present.

## II. DESIGNATION OF SUCCESSOR AGENT

If my Agent resigns, dies, becomes incapacitated, is not qualified to serve, or declines to serve, I designate and appoint the following person to serve as my Successor Agent:

Name of Successor Agent: \_\_\_\_\_

Successor Agent's Address: \_\_\_\_\_

Successor Agent's Phone: \_\_\_\_\_

## III. GRANT OF GENERAL AUTHORITY

I grant my Agent and any Successor Agent general authority to act for me with respect to the following subjects:

- ☐ **Real Property:** Authority to buy, sell, lease, mortgage, and manage real estate.
- ☐ **Tangible Personal Property:** Authority to buy, sell, and manage personal property.
- ☐ **Stocks and Bonds:** Authority to buy, sell, and exchange stocks, bonds, and mutual funds.
- ☐ **Commodities and Options:** Authority to manage commodities accounts and options.
- ☐ **Banks and Other Financial Institutions:** Authority to open/close accounts, write checks, and conduct banking transactions.
- ☐ **Operation of Entity or Business:** Authority to manage, operate, or sell any business interest.
- ☐ **Insurance and Annuities:** Authority to manage insurance policies and annuity contracts.
- ☐ **Estates, Trusts, and Other Beneficiary Interests:** Authority to act as a beneficiary.
- ☐ **Claims and Litigation:** Authority to sue, defend, settle, or compromise legal claims.
- ☐ **Personal and Family Maintenance:** Authority to provide for the support and standard of living of the Principal and family.

☐ **Benefits from Governmental Programs:** Authority to manage Social Security, Medicare, Medicaid, or military benefits.

☐ **Retirement Plans:** Authority to manage IRAs, 401(k)s, and other retirement plans.

☐ **Taxes:** Authority to file tax returns and represent the Principal before tax authorities.

☐ **ALL OF THE ABOVE:** I grant my Agent authority over all subjects listed above.

#### **IV. EFFECTIVE DATE AND DURABILITY**

This Power of Attorney shall become effective as follows (Check One):

☐ **Immediately:** This Power of Attorney is effective immediately upon the date of signing and shall not be affected by my subsequent disability, incapacity, or incompetence.

☐ **Springing (Upon Incapacity):** This Power of Attorney shall only become effective upon my disability, incapacity, or incompetence. Such incapacity shall be established by the written affidavit of my attending physician.

#### **V. SPECIAL INSTRUCTIONS**

On the following lines, I may give special instructions limiting or extending the powers granted to my Agent:

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## **VI. AGENT'S DUTIES AND COMPENSATION**

The Agent shall act in a fiduciary capacity, in good faith, and in the best interest of the Principal.  
The Agent shall keep a full and accurate record of all transactions made on behalf of the Principal.

Regarding compensation (Check One):

- ☐ My Agent shall receive reasonable compensation for services rendered.
- ☐ My Agent shall NOT receive compensation but shall be reimbursed for reasonable expenses incurred.

## **VII. RELIANCE BY THIRD PARTIES**

Any third party who receives a copy of this document may rely on it. Revocation of this Power of Attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

## **VIII. NOMINATION OF GUARDIAN**

If a court decides that it is necessary to appoint a guardian or conservator for my estate or person, I nominate my Agent designated above to serve in that capacity.

## **IX. REVOCATION**

I hereby revoke any and all general powers of attorney previously executed by me. This Power of Attorney shall remain in full force and effect until I revoke it in writing or until my death.

## **X. GOVERNING LAW**

This Power of Attorney shall be governed by, construed, and enforced in accordance with the laws of the State of \_\_\_\_\_ .

## **XI. SEVERABILITY**

If any provision of this Power of Attorney is held to be invalid or unenforceable, such invalidity or unenforceability shall not affect the other provisions of this document, which shall remain in full force and effect.

## **XII. SIGNATURES AND ACKNOWLEDGMENT**

### **Principal's Signature**

IN WITNESS WHEREOF, I have hereunto set my hand and seal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_

### **Witness Statement**

We, the undersigned witnesses, certify that the Principal signed this Power of Attorney in our presence, appears to be of sound mind and under no duress, fraud, or undue influence, and is at least 18 years of age.

### **Witness 1:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Witness 2:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (Principal's Name), known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary Public: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_

(Seal)

My Commission Expires: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**ACCEPTANCE BY AGENT**

I, the undersigned Agent, hereby accept the appointment as Agent and Attorney-in-Fact for the Principal. I understand the duties and responsibilities associated with this role and agree to act in the best interest of the Principal.

Signature of Agent: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_