

Power of Attorney

Complete all sections to establish legal authority for representation

Important Notice: This Power of Attorney grants significant legal authority. Consult with an attorney to ensure this document meets your specific needs and complies with your state's requirements. Some states require notarization or specific witnessing procedures.

1. Principal Information

Full Legal Name*

Date of Birth*

dd/mm/yyyy



Social Security Number (Last 4 Digits)

XXXX

Street Address*

City*

State*

ZIP Code*

Phone Number*

Email Address

2. Agent (Attorney-in-Fact) Information

Full Legal Name*

Relationship to Principal*

e.g., Spouse, Adult Child, Sibling, Friend

Street Address*

City*

State*

ZIP Code*

Phone Number*

Email Address

3. Successor Agent (Optional)

A successor agent will only act if the primary agent is unable or unwilling to serve.

Full Legal Name

Relationship to Principal

Phone Number

Email Address

4. Type of Power of Attorney

Select Type*

-- Select Type --



- General:** Broad authority over financial and legal matters
- Limited:** Authority restricted to specific acts or time periods
- Durable:** Remains valid if principal becomes incapacitated
- Springing:** Takes effect only upon specific conditions
- Medical:** Healthcare decisions only
- Financial:** Financial and property matters only

5. Powers Granted

Check all powers granted to the agent:

- Banking and Financial Transactions (deposits, withdrawals, account management)
- Real Estate Transactions (buy, sell, lease, manage property)
- Tax Matters (file returns, represent before tax authorities)
- Legal Matters (hire attorneys, engage in litigation)
- Insurance Matters (obtain, modify, cancel policies)
- Retirement Benefits (access pension, 401k, IRA accounts)
- Government Benefits (apply for, manage Social Security, Medicare, Medicaid)
- Healthcare Decisions (consent to treatment, access medical records)
- Personal Care (hiring caregivers, living arrangements)
- Business Operations (manage business interests)

Specific Limitations or Additional Powers

Describe any limitations on the powers granted or additional specific powers not listed above

6. Effective Date and Duration

Effective Date*

-- Select When Powers Begin --



If Specific Date, Enter Date

dd/mm/yyyy



If Specific Event/Condition, Describe

Describe the specific event or condition that triggers this power of attorney

Expiration/Termination*

-- Select When Powers End --



If Specific Expiration Date, Enter Date

dd/mm/yyyy



7. Durable Provisions

Durability Provision*

-- Select Durability Status --



Important: A durable power of attorney remains in effect even if you become mentally incapacitated. A non-durable power of attorney terminates if you become incapacitated. Most individuals choose durable provisions to ensure continued representation.

8. Compensation

Agent Compensation*

-- Select Compensation Terms --



If Specific Amount, Describe Compensation

Describe the specific compensation arrangement (e.g., hourly rate, monthly fee, percentage)

Expense Reimbursement*

-- Select Reimbursement Terms --



9. Third-Party Reliance

This provision protects third parties (banks, healthcare providers, etc.) who rely on this power of attorney in good faith.

I intend that any third party who receives a copy of this document may act under 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 and hold harmless any third party who acts in reliance on this power of attorney.

10. Agent Obligations and Authority

The agent is authorized and directed to:

- Act in the principal's best interest and exercise reasonable care, competence, and diligence
- Keep the principal's assets separate from the agent's assets
- Keep accurate records of all transactions made on behalf of the principal
- Avoid conflicts of interest between the agent's personal interests and fiduciary duties
- Make reasonable efforts to follow the principal's expectations and directions

Special Instructions or Expectations

Any specific instructions, expectations, or guidance for the agent

11. Acceptance of Appointment

By accepting this appointment, the agent acknowledges understanding of the responsibilities and fiduciary duties imposed by this power of attorney and agrees to act in accordance with the principal's best interests and the powers granted herein.

Agent Signature

Date

Signature of Agent

Date of Acceptance

12. Principal Signature

I, the Principal, sign my name to this power of attorney on the date indicated below and, being first duly sworn, declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney.

Principal Signature*

Date*

Signature of Principal

Date Signed

13. Witness Acknowledgment

State Requirements: Many states require one or two witnesses to a power of attorney. Witnesses should be adults who are not named as agents or beneficiaries. Check your state's specific requirements.

Witness #1

Full Name

Address

Witness #1 Signature

Date

Signature

Date

Witness #2

Full Name

Address

Witness #2 Signature

Date

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ANSWERING OPPORTUNITIES

Signature

Date

14. Notary Acknowledgment

Notarization: Most states require notarization for powers of attorney. Some states accept either notarization or witnessing. Consult your state's requirements or an attorney.

State of _____

County of _____

On this ____ day of _____, 20____, before me personally appeared _____ (Principal's name), known to me or satisfactorily proven to be the person whose name is subscribed to the foregoing instrument, and acknowledged that they executed the same for the purposes therein contained.

In witness whereof, I have hereunto set my hand and affixed my official seal the day and year first above written.

Notary Public Signature

My Commission Expires

Signature of Notary Public

Expiration Date

[Notary Seal/Stamp]