

POWER OF ATTORNEY

State: [STATE]

Background:

1. This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will not be able to make decisions and act with respect to your property (including your money) if you are not able to act for yourself.
2. This power of attorney does not authorize the agent to make medical and health care decisions for you.
3. You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney, or the agent resigns or is unable to act for you.
4. Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.
5. This form provides for designation of one agent. If you wish to name more than one agent, you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.
6. If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.
7. This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.
8. **If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.**

Designation of Agent

9. I, [NAME] of [ADDRESS] authorize [ATTORNEY NAME] of [ATTORNEY ADDRESS] as my agent to act for me and in my name and for my use and benefit. If my agent is unable or unwilling to act for me, I name [SUCCESSOR AGENT NAME] of [SUCCESSOR AGENT ADDRESS] as my successor agent.

Grant of General Authority

10. I grant my agent and any successor agent general authority to act for me with respect of the following:

[Real property]

[Tangible personal property]

[Stocks and bonds]

[Commodities and options]

[Banks and Other Financial Institutions]

[Operation of Entity or Business]

[Insurance and Annuities]

[Estates, Trusts, and Other Beneficiary Interests]

[Claims and Litigation]

[Personal and Family Maintenance]

[Benefits from Governmental Programs or Civil or Military Service]

[Retirement Plans]

[Taxes]

[All Preceding Subjects]

Grant of Specific Authority [INSERT IF APPLICABLE]

11. My agent may not do any of the following specific acts for me unless I have included them in the specific authority listed below:

[Create, amend, revoke, or terminate an inter vivos trust]

[Make a gift]

[Create or change rights of survivorship]

[Create or change a beneficiary designation]

[Authorize another person to exercise the authority granted under this power of attorney]

[Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan]

[Exercise fiduciary powers that the principal has authority to delegate]

Limitation on Agent's Authority

12. An agent that is not my ancestor, spouse, or descendant may not use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

Special Instructions

13. [INSERT SPECIAL INSTRUCTIONS IF APPLICABLE].

Effective Date

14. This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

Termination [INSERT ONE]

15. **Durable Power of Attorney:** This power of attorney shall not be affected by my subsequent disability or incapacity or lapse of time.

Regular Power of Attorney: This power of attorney shall terminate if I become disabled or incapacitated.

Nomination Of Guardian [INSERT IF APPLICABLE]

16. If it becomes necessary for a court to appoint a guardian of my estate or my person, I nominate the following person(s) for appointment: [REPEAT BELOW FOR EACH NOMINEE]

Name of Nominee for guardian of my estate: [NAME]

Nominee's Address: [ADDRESS]

Nominee's Telephone Number: [TELEPHONE NUMBER]

Reliance On This Power of Attorney

17. Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

Signature of Principal

Date

Name Printed

Address

Telephone Number

State/Commonwealth of [STATE]

County of [COUNTY]

On this day of [DATE] before me, [NAME], personally appeared, known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same and that by his/her signature on this instrument the person executed this instrument.

(Seal, if any)

Signature of Notary

My commission expires: _____