

# POWER OF ATTORNEY

State: \_\_\_\_\_ County: \_\_\_\_\_

## Principal Information:

Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

## Attorney-in-Fact Information:

Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

## Grant of General Authority:

I hereby appoint the Attorney-in-Fact named above to act in my name, place, and stead to exercise all powers that I possess regarding my legal and financial affairs. This includes, but is not limited to, managing real estate, personal property, banking and other financial transactions, business operating transactions, insurance and annuity transactions, estate, trust, and other beneficiary transactions, claims and litigation, personal and family maintenance, benefits from social security, Medicare, Medicaid, or other governmental programs, retirement plans, tax matters, and all other matters permitted by law.

## Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Effective Date and Durability:

This Power of Attorney shall become effective immediately and shall not be affected by my subsequent disability or incapacity. It shall remain in effect until revoked by me in writing.

## Revocation of Prior Powers of Attorney:

I hereby revoke any and all prior Durable Powers of Attorney executed by me.

## Reliance and Indemnification:

Any person, including my Attorney-in-Fact, 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.

## Governing Law:

This Power of Attorney is governed by the laws of the United States and the applicable state laws where executed.

**I acknowledge that I have read and understand this Power of Attorney and that I am signing it voluntarily and of my own free**

**Signature of Principal:**

**Date of Signature:**

**Witnessed By:**

**Witness Name:**

**Witness Signature:**

**Date:**

**Notary Public Acknowledgment:**

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

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

**On** \_\_\_\_\_, **before me,** \_\_\_\_\_, **a Notary Public, personally appeared** \_\_\_\_\_

**WITNESS my hand and official seal:**

**Signature of Notary Public:**

**My commission expires:**

**PRINCIPAL'S SIGNATURE**

**ATTORNEY-IN-FACT SIGNATURE**

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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