

# FLORIDA DURABLE POWER OF ATTORNEY

NOTICE TO THE PRINCIPAL: This Power of Attorney grants broad authority to your Agent. Read it carefully. You may revoke it at any time while you have capacity by signing a written revocation and delivering it to your Agent and to any third party (bank, broker, etc.) that has a copy on file.

## 1. PRINCIPAL AND AGENT

I, \_\_\_\_\_ [Principal Full Name], residing at \_\_\_\_\_ [Address], date of birth \_\_\_\_\_, hereby appoint as my Agent (attorney-in-fact):

**PRIMARY AGENT:** \_\_\_\_\_ [Agent Full Name], residing at \_\_\_\_\_ [Address], phone \_\_\_\_\_.

If my Primary Agent is unable or unwilling to serve, I appoint as Successor Agent:

**SUCCESSOR AGENT:** \_\_\_\_\_ [Successor Full Name], residing at \_\_\_\_\_ [Address], phone \_\_\_\_\_.

## 2. DURABILITY

This Power of Attorney IS DURABLE. It shall remain in full force and effect even if I become incapacitated or incompetent, in accordance with Florida law.

## 3. EFFECTIVE DATE

This Power of Attorney is effective: \_\_\_ Immediately on signing \_\_\_ On a future event (specify): \_\_\_\_\_

## 4. POWERS GRANTED

Initial each power you grant to your Agent:

- \_\_\_ (A) Real estate transactions (buy, sell, lease, mortgage, manage real property)
- \_\_\_ (B) Tangible personal property transactions
- \_\_\_ (C) Banking and other financial institution transactions
- \_\_\_ (D) Business operating transactions
- \_\_\_ (E) Insurance and annuity transactions
- \_\_\_ (F) Estate, trust, and other beneficiary transactions
- \_\_\_ (G) Claims and litigation
- \_\_\_ (H) Personal and family maintenance
- \_\_\_ (I) Benefits from Social Security, Medicare, Medicaid, or other governmental programs
- \_\_\_ (J) Retirement plan transactions
- \_\_\_ (K) Tax matters (federal, state, local)
- \_\_\_ (L) Digital assets and electronic communications

\_\_\_ (M) ALL OF THE ABOVE (granting all powers in subsections A through L)

## 5. SPECIFIC AUTHORITY ("SUPERPOWERS")

The following powers require specific enumeration under Florida law. Initial each you intend to grant — silence is read as NO grant:

- \_\_\_ Make gifts of my property
- \_\_\_ Create, amend, or revoke a trust
- \_\_\_ Change beneficiary designations on life insurance, retirement accounts, etc.
- \_\_\_ Disclaim property or interests I would otherwise inherit
- \_\_\_ Designate or change beneficiaries of survivorship accounts
- \_\_\_ Delegate Agent's authority to another person

## 6. AGENT'S DUTIES

My Agent shall: (a) act in good faith and in my best interest; (b) act within the scope of authority granted; (c) keep accurate records of all transactions; (d) avoid conflicts of interest unless specifically authorized; (e) not commingle my assets with Agent's personal assets. These duties are fiduciary in nature and enforceable under Florida law.

## 7. COMPENSATION

My Agent \_\_\_ shall \_\_\_ shall not be entitled to reasonable compensation for services. Reimbursement of reasonable expenses incurred on my behalf is permitted in all cases.

## 8. TERMINATION

This Power of Attorney terminates on: (a) my death; (b) my written revocation; (c) a court order appointing a guardian or conservator with conflicting authority; or (d) any other event causing termination by operation of law.

## 9. RELIANCE BY THIRD PARTIES

Any third party may rely on this Power of Attorney unless and until they receive actual notice of revocation. I indemnify any third party who acts in good faith reliance on this instrument.

## 10. GOVERNING LAW

This Power of Attorney shall be governed by the laws of the State of Florida.

**SIGNED** on \_\_\_\_\_ [Date] at \_\_\_\_\_ [City, State].

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

Printed Name: \_\_\_\_\_

## NOTARY ACKNOWLEDGMENT

State of Florida, County of \_\_\_\_\_

On \_\_\_\_\_ [Date], before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ [Principal], 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 they executed it.

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

My commission expires: \_\_\_\_\_ Seal: \_\_\_\_\_

**WITNESSES (if required by state law):**

Witness 1 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Witness 2 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

*DISCLAIMER: This template is provided for informational purposes only and does not constitute legal advice. A power of attorney is a powerful instrument — for complex estates or specific authority needs, consult a licensed Florida estate planning attorney.*