

POWER OF ATTORNEY

I, _____ ("Principal"), residing at _____, of sound mind, do hereby make and appoint:

AGENT (Attorney-in-Fact): _____ at _____.

ALTERNATE AGENT: _____ at _____.

1. TYPE OF POWER OF ATTORNEY

- General (broad authority)
- Durable (continues during incapacity)
- Limited/Special (specific tasks only)
- Springing (effective only upon incapacity)

2. POWERS GRANTED

Agent is authorized to act on Principal's behalf in the following matters (check all that apply):

- Real estate transactions
- Banking and financial transactions
- Business operations
- Insurance and annuity transactions
- Tax matters
- Government benefits
- Estate, trust, and beneficiary transactions
- Personal and family maintenance
- Other: _____

3. LIMITATIONS

Agent is NOT authorized to: _____

4. EFFECTIVE DATE

- Immediately upon signing
- Upon incapacity certified by two physicians
- Specific date: _____

5. TERMINATION

This Power of Attorney terminates upon: (a) Principal's death; (b) written revocation; (c) court order; (d) specific event: _____

6. THIRD-PARTY RELIANCE

Third parties may rely on this Power of Attorney until they receive actual notice of revocation.

7. GOVERNING LAW

Governed by laws of the State of _____.

PRINCIPAL SIGNATURE:

Signature: _____ Date: _____

Printed Name: _____

WITNESS 1:

Signature: _____ Date: _____

Printed Name: _____

WITNESS 2:

Signature: _____ Date: _____

Printed Name: _____

NOTARIZATION:

State of _____, County of _____

Subscribed before me on ____ day of _____, 20__.

Notary Signature: _____ Commission expires: _____

DISCLAIMER: This template is for informational purposes only and does not constitute legal advice. Laws vary by state. Consult a licensed attorney before executing this agreement.