

NEW JERSEY POWER OF ATTORNEY FORM

I. APPOINTMENT OF AGENT

This Power of Attorney is made on the _____ day of _____, 20____, by and between:

The Principal:

Name: _____

Address: _____

City: _____ State: New Jersey Zip Code: _____

The Agent (Attorney-in-Fact):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

II. DESIGNATION OF AUTHORITY

I, the Principal, hereby appoint the Agent named above to act as my true and lawful attorney-in-fact to manage my affairs. This appointment is made pursuant to the New Jersey Revised Durable Power of Attorney Act (N.J.S.A. 46:2B-8.1 et seq.).

III. GRANT OF POWERS

The Agent is granted the power to act on my behalf regarding the following subjects.

(Check the applicable boxes below. If you wish to grant general authority over all matters, check the last box "All Preceding Subjects").

Real Property Transactions: To buy, sell, lease, mortgage, encumber, exchange, and manage real property; to execute deeds and other instruments.

Tangible Personal Property: To buy, sell, lease, exchange, and manage personal property (e.g., vehicles, furniture, jewelry).

Stock and Bond Transactions: To buy, sell, exchange, and manage stocks, bonds, mutual funds, and all other types of securities.

Commodity and Option Transactions: To buy, sell, exchange, and manage contracts for future delivery of commodities and options on those contracts.

Banking and Other Financial Institution Transactions: To open, close, and manage bank accounts; to sign checks and withdraw funds; to access safety deposit boxes; and to conduct all banking business.

Business Operating Transactions: To manage, operate, buy, sell, or liquidate any business interest I may have.

Insurance and Annuity Transactions: To purchase, maintain, surrender, or borrow against insurance policies and annuities.

Estate, Trust, and Other Beneficiary Transactions: To accept, reject, disclaim, receive, and settle bequests, legacies, and other interests in estates and trusts.

Claims and Litigation: To institute, maintain, defend, settle, or compromise legal proceedings and claims.

Personal and Family Maintenance: To perform acts necessary to maintain the customary standard of living for me and my family, including housing, food, transportation, and healthcare expenses.

Benefits from Governmental Programs or Civil or Military Service: To apply for, receive, and manage benefits from Social Security, Medicare, Medicaid, or other government programs.

Retirement Plan Transactions: To contribute to, withdraw from, and manage retirement plans and IRAs.

Tax Matters: To prepare, sign, and file federal, state, and local tax returns; to represent me before tax authorities.

All Preceding Subjects: I grant my Agent authority to act on my behalf regarding all the subjects listed above.

IV. SPECIAL INSTRUCTIONS AND LIMITATIONS

The Agent's powers are subject to the following special instructions or limitations:

V. DURABILITY AND EFFECTIVE DATE

(Check one of the following to determine when this Power of Attorney becomes effective and whether it survives incapacity).

Durable Power of Attorney (Effective Immediately): This Power of Attorney is effective immediately upon the date of signing and shall not be affected by my subsequent disability or incapacity, or lapse of time.

Springing Power of Attorney (Effective upon Incapacity): This Power of Attorney shall only become effective upon my disability or incapacity. I shall be considered disabled or incapacitated upon the written certification by a licensed physician that I am unable to manage my financial affairs.

Non-Durable Power of Attorney: This Power of Attorney is effective immediately but shall terminate upon my disability, incapacity, or death.

VI. SUCCESSOR AGENT

If the Agent named in Section I is unable or unwilling to serve, I appoint the following individual as Successor Agent:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

VII. REIMBURSEMENT AND COMPENSATION

The Agent shall be entitled to reimbursement for all reasonable expenses incurred in acting under this Power of Attorney.

(Check one)

The Agent shall NOT be entitled to compensation for services performed.

The Agent shall be entitled to reasonable compensation for services performed.

VIII. RELIANCE BY THIRD PARTIES

Any third party who receives a copy of this Power of Attorney may rely upon 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 the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

IX. GOVERNING LAW

This Power of Attorney shall be governed by and construed in accordance with the laws of the State of New Jersey.

X. SIGNATURE AND ACKNOWLEDGMENT

I, the Principal, sign my name to this Power of Attorney this ____ day of _____, 20____, and being first duly sworn, do 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, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

PRINCIPAL

Signature: _____
Print Name: _____
Date: ____ day of _____, 20____
Address: _____

XI. WITNESS

(While New Jersey law does not strictly require witnesses for a Power of Attorney to be valid if properly notarized, it is recommended for banking and real estate purposes).

I, the witness, sign my name to the foregoing Power of Attorney being first duly sworn and do declare that the Principal signs and executes this instrument as their Power of Attorney and that they sign it willingly, and that I, in the presence and hearing of the Principal, sign this Power of Attorney as witness to the Principal's signing and that to the best of my knowledge the Principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

WITNESS

Signature: _____
Print Name: _____
Date: ____ day of _____, 20____
Address: _____

XII. NOTARY ACKNOWLEDGMENT

State of New Jersey
County of _____

On this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ (Principal's Name), known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Signature of Notary Public: _____

Print Name: _____

My Commission Expires: _____ day of _____, 20____

(Seal)