

GENERAL POWER OF ATTORNEY FORM

I. APPOINTMENT OF AGENT

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

The Principal:

Name: _____

Address: _____

City: _____ State:

_____ Zip Code:

The Agent (Attorney-in-Fact):

Name: _____

Address: _____

City: _____ State:

_____ Zip Code:

II. GRANT OF AUTHORITY

I, the Principal, hereby appoint the Agent to act on my behalf for the purposes set forth in this document. I grant my Agent full power and authority to do everything necessary in exercising

the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my Agent shall lawfully do or cause to be done by virtue of this Power of Attorney and the powers herein granted.

The Agent shall have the authority to act on my behalf regarding the following subjects (Select all that apply):

☐ **Real Property:** To buy, sell, lease, rent, exchange, and manage real estate; to sign deeds, mortgages, and leases; to pay taxes and maintain property.

☐ **Banking and Financial Transactions:** To open, close, and manage bank accounts; to sign checks and withdraw funds; to access safe deposit boxes; to borrow money and execute promissory notes.

☐ **Personal Property:** To buy, sell, exchange, and manage personal property, including motor vehicles, boats, stocks, bonds, and other securities.

☐ **Business Operations:** To manage, operate, and conduct any business or commercial enterprise that I may own or have an interest in; to attend meetings and vote on my behalf.

☐ **Insurance and Annuities:** To purchase, maintain, surrender, or borrow against insurance policies and annuities; to make claims and collect proceeds.

☐ **Claims and Litigation:** To institute, maintain, defend, settle, or compromise any legal proceedings or claims on my behalf.

☐ **Tax Matters:** To prepare, sign, and file federal, state, and local tax returns; to represent me before tax authorities; to pay taxes due and collect refunds.

☐ **Government Benefits:** To apply for and receive government benefits, including Social Security, Medicare, Medicaid, and military benefits.

☐ **Retirement Plans:** To manage retirement accounts, including IRAs and 401(k)s; to select payment options and make investment decisions.

☐ **Digital Assets:** To access, manage, control, and delete my digital accounts, including email, social media, and online banking.

☐ **All of the Above:** The Agent is granted authority over all the subjects listed above.

III. DURABILITY PROVISION

This Power of Attorney shall be effective as follows (Select one):

☐ **Durable Power of Attorney:** This Power of Attorney shall not be affected by my subsequent disability or incapacity, or lapse of time. It shall remain in effect until my death or until revoked by me in writing.

☐ **Non-Durable Power of Attorney:** This Power of Attorney shall automatically terminate if I become disabled or incapacitated.

IV. EFFECTIVE DATE

This Power of Attorney shall become effective (Select one):

☐ Immediately upon the date of execution of this document.

☐ On the _____ day of _____, 20____.

☐ Upon the written certification by my attending physician that I am incapacitated and unable to manage my own affairs (Springing Power of Attorney).

V. SUCCESSOR AGENT

If my Agent is unable or unwilling to serve or continue to serve, I appoint the following person to serve as my Successor Agent:

Name: _____

Address: _____

City: _____ State: _____

_____ Zip Code: _____

VI. SPECIAL INSTRUCTIONS OR LIMITATIONS

The Agent shall exercise the powers granted herein subject to the following special instructions or limitations:

VII. AGENT'S COMPENSATION AND REIMBURSEMENT

The Agent is entitled to reimbursement for reasonable expenses incurred on my behalf.

Regarding compensation for services (Select one):

☐ The Agent shall serve without compensation.

☐ The Agent is entitled to reasonable compensation for services rendered.

VIII. RELIANCE BY THIRD PARTIES

Any third party who receives a copy of this Power of Attorney may rely upon it as evidence of the Agent's authority to act on my behalf. I agree to indemnify and hold harmless any third party who acts in good faith reliance on this Power of Attorney. Revocation of this Power of Attorney is not effective as to a third party until the third party has actual knowledge of the revocation.

IX. GOVERNING LAW

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

X. REVOCATION

I hereby revoke any and all general powers of attorney previously executed by me. I retain the right to revoke this Power of Attorney at any time by providing written notice to my Agent.

XI. SIGNATURES

Principal's Signature

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.

Signature: _____

Date: ____ day of _____, 20____

Print Name: _____

Witness Signatures

We, the witnesses, sign our names to this instrument, and at least one of us being present at the Principal's signing, and we being present at the same time, do hereby declare that the Principal signed and executed this instrument as their Power of Attorney in the presence of both of us.

Witness 1:

Signature: _____

Date: ____ day of _____, 20____

Print Name: _____

Address: _____

Witness 2:

Signature: _____

Date: ____ day of _____, 20____

Print Name: _____

Address: _____

XII. ACCEPTANCE BY AGENT

I, the undersigned Agent, hereby accept the appointment as Agent and agree to act in the best interest of the Principal, in good faith, and in accordance with the terms of this Power of Attorney.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

XIII. NOTARY ACKNOWLEDGMENT

State of _____

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 in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

(Seal)

My Commission Expires: _____ day of _____, 20____

