

# **GEORGIA POWER OF ATTORNEY FORM**

## **IMPORTANT INFORMATION**

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act, Title 10, Chapter 6B of the Official Code of Georgia Annotated.

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

## **I. DESIGNATION OF AGENT**

I, \_\_\_\_\_ (Name of Principal), name the following person as my agent:

Name of Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

Agent's Email Address: \_\_\_\_\_

## **II. DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)**

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: \_\_\_\_\_

Successor Agent's Address: \_\_\_\_\_

Successor Agent's Telephone Number: \_\_\_\_\_

Successor Agent's Email Address: \_\_\_\_\_

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: \_\_\_\_\_

Second Successor Agent's Address: \_\_\_\_\_

Second Successor Agent's Telephone Number: \_\_\_\_\_

Second Successor Agent's Email Address: \_\_\_\_\_

### **III. GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act, Title 10, Chapter 6B of the Official Code of Georgia Annotated:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

- \_\_\_\_\_ (A) Real property
- \_\_\_\_\_ (B) Tangible personal property
- \_\_\_\_\_ (C) Stocks and bonds
- \_\_\_\_\_ (D) Commodities and options
- \_\_\_\_\_ (E) Banks and other financial institutions
- \_\_\_\_\_ (F) Operation of entity or business
- \_\_\_\_\_ (G) Insurance and annuities
- \_\_\_\_\_ (H) Estates, trusts, and other beneficial interests
- \_\_\_\_\_ (I) Claims and litigation
- \_\_\_\_\_ (J) Personal and family maintenance
- \_\_\_\_\_ (K) Benefits from governmental programs or civil or  
military service
- \_\_\_\_\_ (L) Retirement plans
- \_\_\_\_\_ (M) Taxes
- \_\_\_\_\_ (N) All Preceding Subjects

#### **IV. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)**

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

\_\_\_\_\_ (A) Create, amend, revoke, or terminate an inter vivos trust

\_\_\_\_\_ (B) Make a gift, subject to the limitations of the Uniform Power of Attorney Act, O.C.G.A. § 10-6B-56, and any special instructions in this power of attorney

\_\_\_\_\_ (C) Create or change rights of survivorship

\_\_\_\_\_ (D) Create or change a beneficiary designation

\_\_\_\_\_ (E) Authorize another person to exercise the authority granted under this power of attorney

\_\_\_\_\_ (F) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

\_\_\_\_\_ (G) Exercise fiduciary powers that the principal has authority to delegate

\_\_\_\_\_ (H) Disclaim or refuse an interest in property, including a power of appointment

#### **V. LIMITATION ON AGENT'S AUTHORITY**

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included

that authority in the Special Instructions.

## **VI. SPECIAL INSTRUCTIONS (OPTIONAL)**

You may give special instructions on the following lines:

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## **VII. EFFECTIVE DATE**

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

## **VIII. NOMINATION OF CONSERVATOR (OPTIONAL)**

If it becomes necessary for a court to appoint a conservator of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for conservator of my estate: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

Nominee's Telephone Number: \_\_\_\_\_

Name of Nominee for guardian of my person: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

Nominee's Telephone Number: \_\_\_\_\_

## **IX. RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my agent, 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.

## **X. SIGNATURE AND ACKNOWLEDGMENT**

### **Principal's Signature**

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

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

### **Witness Signature**

(Georgia law requires this document to be signed by the Principal in the presence of a Witness AND a Notary Public. The Witness cannot be the Notary.)

I, the witness, swear that I am not related to the Principal by blood, marriage, or adoption; and that I am not entitled to any portion of the estate of the Principal under the Principal's current will or under the laws of intestate succession.

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

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print Name: \_\_\_\_\_

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

## **XI. NOTARY ACKNOWLEDGMENT**

State of Georgia

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

This document was signed in my presence on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_ (Name of Principal).

Signature of Notary Public: \_\_\_\_\_

(Seal)

My commission expires: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_