

MISSOURI 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: Missouri Zip Code: _____

The Agent (Attorney-in-Fact):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I, the Principal, hereby appoint the Agent to act as my true and lawful attorney-in-fact to manage my financial and legal affairs.

II. DURABILITY PROVISION

Pursuant to the Missouri Durable Power of Attorney Law of 1989 (Mo. Rev. Stat. §§ 404.700 et seq.), I intend for this Power of Attorney to be durable.

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED.

III. EFFECTIVE DATE

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

☐ **Immediately:** Upon the execution of this document.

☐ **Upon Incapacity (Springing):** Only upon a written determination by a physician that I am incapacitated or disabled and unable to manage my financial affairs.

IV. GRANT OF POWERS

I grant my Agent the full power and authority to act on my behalf with the same force and effect as if I were personally present. This authority includes, but is not limited to, the following powers:

- 1. Real Property:** To buy, sell, lease, rent, exchange, mortgage, encumber, release, and manage any interest in real estate; to execute deeds and other instruments of conveyance.
- 2. Personal Property:** To buy, sell, exchange, and manage personal property of any kind, including motor vehicles, boats, and household goods.
- 3. Banking and Financial Transactions:** To open, close, and manage bank accounts; to sign checks, drafts, and withdrawal slips; to access safe deposit boxes; to borrow money and execute promissory notes.
- 4. Stocks and Bonds:** To buy, sell, exchange, and manage stocks, bonds, mutual funds, and other securities; to vote in person or by proxy.
- 5. Business Operations:** To manage, operate, sell, or liquidate any business interest I may have; to attend meetings and execute documents on behalf of the business.
- 6. Insurance and Annuities:** To purchase, maintain, surrender, borrow against, or make claims on insurance policies and annuities.
- 7. Claims and Litigation:** To institute, prosecute, defend, abandon, compromise, arbitrate, settle, and dispose of any claim in favor of or against me.
- 8. Taxes:** To prepare, sign, and file federal, state, and local tax returns; to represent me before tax authorities; to pay any taxes due.
- 9. Government Benefits:** To apply for and receive benefits from Social Security, Medicare, Medicaid, or other government programs.
- 10. Retirement Plans:** To manage retirement accounts, including IRAs and 401(k)s; to make investment decisions and request distributions.

V. LIMITATIONS AND SPECIAL INSTRUCTIONS

The powers granted above are subject to the following special instructions or limitations:

VI. SUCCESSOR AGENT

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

Name: _____

Address: _____

City: _____ State: _____ Zip Code:

VII. AGENT'S COMPENSATION AND REIMBURSEMENT

My Agent is entitled to (check one):

☐ Reimbursement for reasonable expenses incurred on my behalf, but no compensation for services.

☐ Reasonable compensation for services rendered and reimbursement for reasonable expenses.

VIII. THIRD PARTY RELIANCE

Any third party who receives a copy of this document may rely on 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. Pursuant to Mo. Rev. Stat. § 404.719, third parties who act in good faith reliance on this Power of Attorney shall be immune from liability.

IX. GOVERNING LAW

This Power of Attorney shall be governed by and construed in accordance with the laws of the State of Missouri, specifically the Durable Power of Attorney Law of 1989.

X. REVOCATION

I hereby revoke any and all prior Powers of Attorney for financial matters executed by me. I retain the right to revoke this Power of Attorney at any time, provided I am competent to do so.

XI. SIGNATURES

PRINCIPAL

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

WITNESSES

Although not strictly required by Missouri law for a financial Power of Attorney unless recording real estate instruments, the Principal has requested two witnesses to verify their signature and capacity.

Witness 1:

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

Witness 2:

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

XII. NOTARY ACKNOWLEDGMENT

State of Missouri

County of _____

On this ____ day of _____, 20____, before me personally appeared
_____ (name of Principal), to me known to be the person described in and who
executed the foregoing instrument, and acknowledged that they executed the same as their free act and
deed.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year first above
written.

Signature: _____

Notary Public

My Commission Expires: ____ day of _____, 20____

(Seal)

XIII. ACCEPTANCE BY AGENT

I, the undersigned Agent, acknowledge and execute this Power of Attorney, and I understand the duties
and responsibilities associated with being an Attorney-in-Fact under Missouri law.

AGENT

Signature: _____

Print Name: _____

Date: ____ day of _____, 20____

Address: _____