

Durable Power of Attorney

This Durable Power of Attorney (hereinafter referred to as the "Agreement") is made and entered into on _____.

PARTIES

PRINCIPAL

Name: _____

Address: _____

Phone: _____

Email: _____

AGENT (ATTORNEY-IN-FACT)

Name: _____

Address: _____

Phone: _____

Email: _____

TYPE OF POWER OF ATTORNEY

This is a DURABLE Power of Attorney. This Power of Attorney shall not be affected by my subsequent disability, incapacity, or incompetence except as provided by law.

EFFECTIVE DATE

This Power of Attorney is effective immediately upon execution and shall continue until revoked or terminated as provided herein.

POWERS GRANTED

I, _____, the Principal, grant my Agent the power and authority to act for me in the following matters. My Agent shall have the authority to make all decisions and take all actions regarding these matters:

Financial and Property Powers

My Agent may:

Access, open, modify, and close accounts at financial institutions.

Write and endorse checks and deposit funds.

Buy, sell, and transfer securities.

Buy, sell, lease, and manage real estate.

File and pay taxes.

Collect debts, pay bills, and satisfy obligations.

Access safe deposit boxes.

Apply for and receive government benefits.

Sign contracts.

Additionally, my Agent may:

Healthcare Powers

My Agent may:

Access medical records.

Consult with healthcare providers.

Consent to or refuse medical treatment.

Make decisions about medical procedures and care.

Select healthcare providers and facilities.

Apply for healthcare benefits and insurance.

Additionally, my Agent may:

Personal Care Powers

My Agent may make decisions regarding:

Living arrangements.

Food and clothing.

Social activities.

Transportation.

Household maintenance.

Hiring and supervision of caregivers or household staff.

Additionally, my Agent may:

Business Powers

My Agent may:

Operate my business(es).

Enter into contracts on behalf of the business.

Buy, sell, or transfer business assets.

Hire and terminate employees.

Access and manage business accounts.

File business tax returns.

Additionally, my Agent may:

SPECIAL INSTRUCTIONS

COMPENSATION AND REIMBURSEMENT

My Agent shall not receive compensation for services performed under this Power of Attorney, but shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

ACCOUNTING

My Agent shall not be required to render an accounting for the actions taken under this Power of Attorney unless requested by a court-appointed guardian or conservator.

GOVERNING LAW

This Power of Attorney is governed by the state laws of _____.

ACCEPTANCE BY AGENT

By signing below, I acknowledge that I accept the appointment as Agent for the Principal. I understand my duties and responsibilities as Agent and agree to act in accordance with this document and applicable law.

SIGNATURES

Principal

I, _____, the Principal, sign my name to this Power of Attorney this _____, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Power of Attorney, that I sign it willingly, that I execute it as my free and voluntary act for the purposes expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Principal Signature: _____

Print Name: _____

Agent

I, _____, have read the foregoing Power of Attorney and am the person identified as the Agent. I hereby acknowledge that I accept the appointment as Agent for the Principal.

Agent Signature: _____

Print Name: _____

Date: _____

WITNESSES

I declare under penalty of perjury that the person who signed or acknowledged this document is personally known to me (or proved to me through satisfactory evidence) to be the Principal, that the Principal signed or acknowledged this Power of Attorney in my presence, that the Principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as Agent by this document, and that I am not a healthcare provider, an employee of a healthcare provider, the operator of a community care facility, or an employee of an operator of a community care facility.

Witness #1 Signature: _____

Print Name: _____

Address: _____

Date: _____

Witness #2 Signature: _____

Print Name: _____

Address: _____

Date: _____

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On _____, before me, _____, personally appeared _____, who 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.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public Signature: _____

(Seal)