

# Power of Attorney

This 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: \_\_\_\_\_

### Successor Agent

If my Agent is unable or unwilling to serve for any reason, I name the following person as my Successor Agent:

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.

This is a NON-DURABLE Power of Attorney. This Power of Attorney shall terminate automatically if I become disabled, incapacitated, or incompetent.

## 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:

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## 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:** \_\_\_\_\_

### Successor Agent

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

**Successor 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)

### IMPORTANT INFORMATION FOR AGENT

#### **Agent's Duties**

As Agent under this Power of Attorney, you have a fiduciary relationship with the Principal. This means that you are obligated to:

1. Act solely in the best interest of the Principal
2. Keep the Principal's property separate from your own
3. Act with care, competence, and diligence
4. Keep accurate records of all transactions
5. Act loyally for the Principal's benefit
6. Avoid conflicts of interest
7. Cooperate with any person legally authorized to make healthcare decisions for the Principal

### **Termination of Agent's Authority**

Your authority under this Power of Attorney terminates when:

1. The Principal dies
2. The Principal revokes the Power of Attorney
3. The Power of Attorney expires by its terms
4. The purpose of the Power of Attorney is accomplished
5. A court determines that the Principal is incompetent (if required by state law for durable powers)
6. You resign or become incapacitated (and there is no Successor Agent named)

By acting as Agent under this Power of Attorney, you are accepting significant legal responsibilities. If you have any questions about these responsibilities, you should seek legal advice.