**GENERAL POWER OF ATTORNEY**

**CAUTION TO THE PRINCIPAL**

This is an important legal document. By signing this Power of Attorney, you (the "Principal") authorize another person (the "Agent") to act on your behalf in various matters, including financial and property decisions. Your Agent must act in accordance with your instructions or, if no instructions are provided, in your best interest.

You **retain the right to act on your own behalf**, even after granting this authority. You may **revoke this document at any time** as long as you are mentally competent.

Your Agent **cannot** make medical decisions for you. A separate **Health Care Proxy** should be used for medical decisions.

If there is anything you do not understand about this document, consult a lawyer.

**1. DESIGNATION OF AGENT(S)**

I, **[Full Name]**, residing at **[Address]**, hereby appoint:

* **Primary Agent:**
Name: **[Full Name]**
Address: **[Agent's Address]**
Phone: **[Agent's Phone]**
* **(Optional) Secondary Agent(s):**
If my primary Agent is unable or unwilling to act, I appoint the following person(s) as my successor Agent(s), in the order listed:

Name: [Full Name]
Address: [Agent's Address]
Phone: [Agent's Phone]

**(Optional: Check One)**
☐ My Agents must act **together (jointly)**
☐ My Agents may act **separately (independently)**

**2. GRANT OF AUTHORITY**

I grant my Agent the authority to act on my behalf in the following matters **(check each that applies):**

☐ **Real estate transactions** (buying, selling, managing property)
☐ **Personal property transactions** (buying/selling goods, vehicles, valuables)
☐ **Banking transactions** (accessing accounts, deposits, withdrawals, payments)
☐ **Business operations** (managing business affairs, contracts)
☐ **Investments and financial matters** (stocks, bonds, commodities)
☐ **Taxes and IRS matters** (filing, representing me before tax authorities)
☐ **Retirement and government benefits** (Social Security, pensions, military benefits)
☐ **Legal matters and claims** (lawsuits, settlements, legal documents)
☐ **Health care billing and insurance** (handling medical bills, insurance claims)
☐ **Personal and family maintenance** (paying bills, expenses, supporting dependents)
☐ **Other:** **[Specify]**
☐ **All of the above** (full financial and legal authority)

**3. SPECIAL INSTRUCTIONS OR LIMITATIONS (OPTIONAL)**

**(Use this section to place any restrictions or special provisions on the Agent's authority.)**

Example: "The Agent may not sell my primary residence without my written consent."

**4. COMPENSATION (OPTIONAL)**

☐ My Agent **is NOT entitled to compensation** but may be reimbursed for reasonable expenses.
☐ My Agent **IS entitled to reasonable compensation** from my assets.

**5. SUCCESSOR AGENT(S) (OPTIONAL)**

If my Agent is unable or unwilling to serve, I appoint:
Name: [Full Name]
Address: [Agent's Address]
Phone: [Agent's Phone]

Successor Agents must act **(Check One)**:
☐ **Together** (jointly)
☐ **Separately** (independently)

**6. EFFECTIVENESS AND TERMINATION**

☐ **This Power of Attorney takes effect immediately.**
☐ **This Power of Attorney takes effect upon my incapacity.**
☐ **This Power of Attorney is durable and remains in effect even if I become incapacitated.**

☐ **This Power of Attorney remains in effect until revoked.**
☐ **This Power of Attorney expires on [date].**

**7. REVOCATION**

I understand that I may revoke this Power of Attorney at any time by providing written notice to my Agent(s) and any financial institutions or third parties who have relied on it.

**8. SIGNATURE AND NOTARIZATION**

I, **[Principal’s Name]**, sign this document on **[Date]** in the presence of the undersigned witnesses and notary.

**Principal’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Printed Name:** **[Principal’s Name]**

**9. WITNESS ACKNOWLEDGMENT (If Required by State Law)**

Witness 1:
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness 2:
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. NOTARY ACKNOWLEDGMENT (Recommended for Legal Validity in Most States)**

STATE OF **[Your State]**
COUNTY OF **[Your County]**

On this \_\_\_ day of \_\_**, 20**, before me, a Notary Public, personally appeared **[Principal's Name]**, known to me or proven by satisfactory evidence to be the person who signed this document.

**Notary Public Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Notary Public Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. AGENT’S SIGNATURE AND ACKNOWLEDGMENT OF RESPONSIBILITIES**

I, **[Agent’s Name]**, have read the Power of Attorney and understand my responsibilities. I accept this appointment and agree to act in the best interest of the Principal.

**Agent’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_