

# Power of Attorney

Date:

## Principal Information

Name:

Address:

Phone Number:

Email:

## Agent (Attorney-in-Fact) Information

Name:

Address:

Phone Number:

Email:

## Grant of Authority

The Principal hereby appoints the Agent named above as Attorney-in-Fact to act on the Principal's behalf in matters relating to:

- Financial Transactions
- Real Estate Transactions
- Personal Affairs
- Medical Decisions
- Other:

## Duration

This Power of Attorney is effective on  and will:

- Remain in effect until revoked
- Expire on

## Signature

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Witness

Name:

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

Date: \_\_\_\_\_