

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: _____