

Free Power of Attorney Form

Principal Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Agent Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Powers Granted:

Financial Decisions

Real Estate Transactions

Personal Care Decisions

Other: _____

Duration of Powers:

Start Date: _____

End Date: _____ (Leave blank if indefinite)

Special Instructions:

Third Party Reliance:

I authorize all third parties to rely upon the validity of this power of attorney as long as it has not been revoked.

Signature of Principal: _____

Date: _____

Signature of Agent: _____

Date: _____

Witnesses (if applicable):

Name: _____

Signature: _____

Name: _____

Signature: _____