

Simple Power of Attorney Form

Principal:

Name: _____

Address: _____

Phone: _____

Agent:

Name: _____

Address: _____

Phone: _____

Powers to be Granted:

- Financial Management
- Investment Decisions
- Property Management
- Legal Matters Representation

Effective Period:

From: _____ To: _____

Revocation:

This power of attorney will remain in effect until revoked in writing by the principal.

Principal's Signature: _____

Date: _____

Agent's Signature: _____

Date: _____