

# Power of Attorney

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## STATUTORY POWER OF ATTORNEY

I [Name] \_\_\_\_\_

[Your Full Address]

\_\_\_\_\_  
\_\_\_\_\_

appoint [Name] \_\_\_\_\_

[Address of Person Appointed]

\_\_\_\_\_  
\_\_\_\_\_

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

### Option 1:

to grant all of the following powers, initial the line in front of (N) and ignore the lines in front of the other powers.

### Option 2:

to grant one or more, but fewer than all, of the following powers, initial the line in front of each power you are granting.

### Option 3:

to withhold a power, do not initial the line in front of it. You may, but need not, cross out each power withheld.

### INITIAL:

\_\_\_\_\_ (A) Real property transactions.

\_\_\_\_\_ (B) Tangible personal property transactions.

\_\_\_\_\_ (C) Stock and bond transactions.

\_\_\_\_\_ (D) Commodity and option transactions.



- \_\_\_\_\_ (E) Banking and other financial institution transactions.
- \_\_\_\_\_ (F) Business operating transactions.
- \_\_\_\_\_ (G) Insurance and annuity transactions.
- \_\_\_\_\_ (H) Estate, trust, and other beneficiary transactions.
- \_\_\_\_\_ (I) Claims and litigation.
- \_\_\_\_\_ (J) Personal and family maintenance.
- \_\_\_\_\_ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or military service.
- \_\_\_\_\_ (L) Retirement plan transactions.
- \_\_\_\_\_ (M) Tax matters.
- \_\_\_\_\_ (N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

### SPECIAL INSTRUCTIONS:

[On the following lines you may give special instructions limiting or extending the powers granted to your agent.]

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UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become disabled, incapacitated, or incompetent.

[Note: strike the preceding sentence if you do not want this power of attorney to continue if you become disabled, incapacitated, or incompetent.]

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

**Signed**

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Your Signature]

\_\_\_\_\_  
[Your Social Security Number]

**State of**

\_\_\_\_\_  
[State]

\_\_\_\_\_  
[County]

**This document was acknowledged before me on**

\_\_\_\_\_  
[Date]

**by**

\_\_\_\_\_  
[Name of Principal]

\_\_\_\_\_  
[Signature of Notarial Officer]

\_\_\_\_\_  
[Seal, if any]

\_\_\_\_\_  
[Title and Rank]

**My commission expires:**

\_\_\_\_\_  
[Expiration Date]

**BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT  
ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF  
AN AGENT.**

