

## Form 9: Power of Attorney

1. I, \_\_\_\_\_ (Principal's name)  
\_\_\_\_\_, (Principal's address),  
being of sound mind and legal capacity, do hereby appoint \_\_\_\_\_ (Agent's name)  
\_\_\_\_\_, (Agent's address),  
as my true and lawful attorney in fact, to act for me in my name, place, and stead, and on my behalf to do and perform the  
following:

2. The following property, interests, or rights shall be subject to this Power of Attorney:

3. This Power of Attorney shall be effective on the date of \_\_\_\_\_, 20\_\_\_\_.

4. This Power of Attorney shall remain in effect in the event that I should become or be declared disabled, incapacitated, or incompetent.

5. This Power of Attorney shall terminate on the date of \_\_\_\_\_, 20\_\_\_\_, unless I have revoked it  
sooner. I may revoke this Power of Attorney at any time and in any manner.

6. My agent shall be paid compensation for services pursuant to this Power of Attorney as follows:

7. This Power of Attorney shall be governed by the laws of the State of \_\_\_\_\_.

In Witness Whereof, I have signed this Power of Attorney of my own free will.

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

\_\_\_\_\_  
Date

Agreed to and Accepted by:

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary