

POWER OF ATTORNEY

I, _____ ("Principal"), of legal age and sound mind, hereby appoint:

Name: _____
Address: _____
Phone: _____
Email: _____

as my Attorney-in-Fact ("Agent") to act in my name and on my behalf.

POWERS GRANTED

- Financial matters
- Real estate transactions
- Legal proceedings
- Healthcare decisions
- All matters

EFFECTIVE DATE

This Power of Attorney is effective: _____

PRINCIPAL

Signature: _____
Print Name: _____
Date: _____

WITNESS 1

Signature: _____
Print Name: _____
Date: _____

WITNESS 2

Signature: _____
Print Name: _____
Date: _____

NOTARY

Signature: _____
Commission Expires: _____