

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: _____