

Alabama General Power of Attorney Form

I, _____ (“Declarant”), residing at _____, hereby appoint _____ (“Agent”) of _____, as my attorney-in-fact (“Agent”) to exercise the powers and discretions described below.

If the Agent is unable or unwilling to serve for any reason, I appoint _____ (“Alternate Agent”), of _____, as my alternate or successor Agent, as the case may be to serve with the same powers and discretions.

I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future.

My Agent's powers shall include, but not be limited to, the power to conduct the following as initialed below:

_____ Real Property as defined in Section 26-1A-204

_____ Tangible Personal Property as defined in Section 26-1A-205

_____ Stocks and Bonds as defined in Section 26-1A-206

_____ Commodities and Options as defined in Section 26-1A-207

_____ Banks and Other Financial Institutions as defined in Section 26-1A-208

_____ Operation of Entity or Business as defined in Section 26-1A-209

_____ Insurance and Annuities as defined in Section 26-1A-210

_____ Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211

_____ Claims and Litigation as defined in Section 26-1A-212

_____ Personal and Family Maintenance as defined in Section 26-1A-213

_____ Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214

_____ Retirement Plans as defined in Section 26-1A-215



_____Taxes as defined in Section 26-1A-216

_____Gifts as defined in Section 26-1A-217

This Power of Attorney shall be construed broadly as a general Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, or (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. A successor Agent shall not be liable for acts of a prior Agent.

No person who relies in good faith on the authority of my Agent under this instrument shall incur any liability to my estate, my personal representative or me. I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document. If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, but only if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately, and is affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is **not** a Durable Power of Attorney. This Power of Attorney shall not continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

_____ Date: _____
Declarant

Witness Signature:
Address:

Witness Signature
Address

The foregoing instrument was acknowledged before me on _____, by Claimant, _____, who is personally known to me or who has produced _____ as identification.

Signature of Notary taking acknowledgment
Date of Expiration: _____