

POWER OF ATTORNEY

I, _____, residing at _____, hereby appoint _____, residing at _____, as my attorney-in-fact (hereinafter referred to as "Agent") to act on my behalf in the following matters:

(initial all that apply)

1. _____ - **Financial Matters:** To manage, control, and make decisions regarding my finances and property, including but not limited to banking transactions, investments, real estate transactions, and tax matters.
2. _____ - **Healthcare Decisions:** To make decisions concerning my medical care, treatment options, and healthcare services, including the authority to consent to or refuse medical treatment, surgery, or hospitalization on my behalf.
3. _____ - **Legal Affairs:** To handle legal matters and represent me in legal proceedings, including signing legal documents, contracts, and agreements, and engaging legal counsel on my behalf.
4. _____ - **Personal Affairs:** To manage and make decisions regarding my personal affairs, including accessing and managing personal records, obtaining government benefits, and handling day-to-day matters as necessary.
5. _____ - **Other Powers:** _____.

This Power of Attorney shall remain in effect in the event of my: (check one)

- **Incapacitation.** Therefore, this form is not durable.
 - **Death.** Therefore, this form is durable.

I reserve the right to revoke or modify this Power of Attorney at any time, provided that such revocation or modification is communicated to my Agent in writing.

Signature and Date:

Principal's Signature: _____ Date: _____

Witnesses:

Witness #1 Signature: _____ Date: _____

Witness #2 Signature: _____ Date: _____

Agent Acceptance:

I, the aforementioned Agent named herein, accept the responsibilities and duties as the attorney-in-fact for the principal under this Power of Attorney.

Agent's Signature: _____ Date: _____

