

SPRINGING POWER OF ATTORNEY

1. Principal Information: My information is as follows:

Name: _____

Address: _____

Date of Birth: _____

Hereinafter known as the "Principal."

2. Agent Information: I appoint the following to be my agent:

Name: _____

Address: _____

Relationship to Principal: _____

Hereinafter known as the "Agent."

3. Powers Granted: This Durable Power of Attorney grants the Agent the following powers:
(initial each power)

_____ - **Financial Matters:** To conduct any and all financial transactions on my behalf.

_____ - **Real Estate Transactions:** To buy, sell, lease, or manage real estate property.

_____ - **Maintenance:** To provide maintenance for myself and family.

_____ - **Banking Transactions:** To conduct withdrawals, deposits, and other acts.

_____ - **Investments:** To manage investments including stocks and bonds.

_____ - **Legal Actions:** To handle legal claims and conduct litigation.

_____ - **Tax Matters:** To file, contest, and settle tax matters.

_____ - **Government Benefits:** Including Social Security, Medicare, and Medicaid.

_____ - **Additional Powers:** _____

4. Governing Law: This Power of Attorney will be governed by the laws of the State of _____.

5. Durability: This Power of Attorney shall not be affected by my subsequent incapacity or disability.

Principal's Signature: _____ Date: _____

Print Name: _____



WITNESS ATTESTATION

We, the witnesses, attesting to be of legal age and sound mind, acknowledge to have witnessed the principal sign this power of attorney document on the date mentioned hereunder. I affirm that the principal appeared to understand the nature of the document and was free from any duress or undue influence at the time of signing.

As witnesses, we acknowledge not to be related by blood, marriage, or adoption. We are not entitled to any portion of the principal’s estate under a will or codicil currently existing or by operation of law as it now exists. In addition, neither of us is appointed as the Agent in this power of attorney.

1st Witness Signature: _____ Date: _____
Print Name: _____
Address: _____
Phone: _____

2nd Witness Signature: _____ Date: _____
Print Name: _____
Address: _____
Phone: _____

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
County of _____

This document was acknowledged before me on _____,
20____, by the principal of this document known as _____.

Notary Signature: _____

Commission Expires on _____, 20____

This document was prepared by:

Print Name: _____
Address: _____
Phone: _____

