General Power of Attorney

Personal Law

GENERAL POWER OF ATTORNEY

Notice: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This general power of attorney may give the person whom you designate your "attorney-in-fact, broad powers to handle your finances and property, which may include powers to encumber, self or otherwise dispose of any real or personal property without advance notice to your or property of the person to the control of the property without advance notice to your or property of the property of the property of the property without advance notice to you or more noticed for other health; once of ecolories for your, your or property of the property without advance of the property of t

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of	, State of	, as principal, do hereb
appoint:	, of	
City of	, State of	, my attorney-in-fact to
act in my name, place and stead is	any way which I myself could do, if I were personally pre-	esent, with respect to the following matters to th
extent that I am permitted by law	to act through an agent;	
(a) real estate transactions		
(b) goods and services tra	nsactions;	
(c) bond, share and comm	odity-transactions;	
(d) banking transactions;		
(e) business operating tran	ssactions:	
(f) insurance transactions:		
(g) estate transactions;		
(h) claims and litigation;		
(i) personal relationships	and affairs;	
(j) benefits from military	service;	
(k) records, reports and st	atements;	
(l) retirement besefit trans	strtions;	
(m) making gifts to my sp	ouse, children and more remote descendants, and parents;	
(n) tax matters;		
(e) all other matters;		1
(p) full and unqualified as my attorney-in-fact sh	shority to my attorncy-in-fact to delegate any or all of the all select;	foregoing powers to any person or persons
(q) unlimited power and a	athority to act in all of the above situations (a) through (p)	
If the attorney-in-fact named above	e is unable or unwilling to serve, I appoint	
	City of	State of

4 forms

- Use to grant authority to another party to act on your behalf in any or all specific circumstances.
- · Not valid if you become incapacitated.
- Step-by-step instructions
- Easy to understand language - no "legalese"

Content by
Nova
Publishing
Valid in all
States!



to be my attorney-in-fact for all purposes hereunder.

Use this power of attorney if...

You wish to grant someone authority to handle any or all your financial affairs, but NOT if you become incapacitated.

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Signature an	d Declaration of Pri	incipal			
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Signature of Prin	ncipal				
Witness Atte	station				
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power of attorne sound mind and Signature of Wi	offingly, or wiffingly directly as witness to the princip ander no constraint or one	to another to sign for him selfs signing und that to the due influence.	When, and that I, in the	presence and hearing of the princi	
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power of attorne wound mind and Signature of Wi Notary Acke State of Sobribed, swor	offingly, or willingly disec- ty as witness to the princip ander no constraint or one mass	is another to sign for him real's righting and that to t due influence. County of fore me by	wher, and thur I, in the he hest of my knowled	presence and hearing of the principal ge the principal is eighteen years of the Principal, and subscrip	of age or older, of
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INSTRUCTIONS FOR GENERAL POWER OF ATTORNEY

A power of attorney form is a document which is used to allow one person to give authority to another person to act on their behalf. The person signing the power of attorney grants legal authority to another to "stand in their shoes" and act legally for them. The person who receives the power of attorney is generally called an "attorney-in-fact." This title and the power of attorney form does not mean that the person receiving the power has to be a lawyer. Power of attorney forms can be used to authorize someone to sign certain documents if you cannot be present when the signatures are necessary or to perform any act if you cannot be present when the act is necessary. If your business is a corporation or partnership, you cannot validly give another person a power of attorney to act on behalf of the business unless such a grant of authority has been approved by either the corporation's board of directors or by the other partners.

This particular document provides for a grant of authority to another person to act as your attorney-in-fact. The person granting the power is referred to as the "principal" and the person who is granted the power is referred to as the "attorney-in-fact." This form should be used only if you need to authorize another to act for you in a specific manner or to perform specific actions. You can select the specific powers that you wish your attorney-in-fact to have. The powers you grant cease to be effective should you become disabled or incompetent. You must execute a 'durable' power of attorney for the authority to exist if you become disabled or incompetent. This form gives the person whom you designate as your "attorney-in-fact" broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you. This document does not authorize anyone to make medical or other health care decisions. You may execute a health care power of attorney to do this. The authority granted by this power of attorney may be revoked by you at any time and is automatically revoked if you die or become incapacitated or incompetent. The signing of this form must be notarized and must also be witnessed by another person (who is not the notary public). There is also a signature space to be completed by the person that is appointed as the "attorney-in-fact". If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

To complete this form, fill in the following:

- 1. Name of person granting power (principal)
- 2. Address of principal
- 3. City of principal
- 4. State of principal
- 5. Name of person granted power (attorney-in-fact)
- 6. Address of attorney-in-fact
- 7. City of attorney-in-fact
- 8. State of attorney-in-fact
- 9. Initial each of the specific powers that you wish your attorney-in-fact to have. If you wish your attorney-in-fact to have full authority to do anything that you yourself could do, simply initial line (q).
- **10.** Name of successor to person originally granted power (successor attorney-in-fact) (optional-if not used, write N/A in this space.)
- 11. Address of successor attorney-in-fact (optional-if not used, write N/A in this space.)
- 12. City of successor attorney-in-fact (optional-if not used, write N/A in this space.)
- 13. State of successor attorney-in-fact (optional-if not used, write N/A in this space.)
- 14. Date
- 15. Printed name of principal
- 16. Date of signing of power of attorney
- 17. Signature of principal (signed in front of Notary Public)
- 18. Printed name of witness
- 19. Signature of witness (signed in front of Notary Public)

The following should be completed by the Notary Public:

- **20.** State where document is notarized
- 21. County where document is notarized
- 22. Name of principal
- 23. Name of witness
- 24. Date when document is notarized
- 25. Signature of Notary Public
- 26. County of Notary Public
- 27. State of Notary Public
- 28. Date Notary Public commission expires
- 29. Seal of Notary Public

The following should be completed by the person you have appointed as attorney-in-fact:

30. Signature of attorney-in-fact (Signature need not be notorized.) 31. Name of attorney-in-fact

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the publisher and author are not engaged in rendering legal, accounting, or other professional services. If legal advice or other expert assistance is required, the services of a competent professional person should be sought.

From a Declaration of Principles jointly adopted by a Committee of the American Bar Association and a Committee of Publishers

DISCLAIMER

Because of possible unanticipated changes in governing statutes and case law relating to the application of any information contained in this form, the author, publisher, and any and all persons or entities involved in any way in the preparation, publication, sale, or distribution of this form disclaim all responsibility for the legal effects or consequences of any document prepared or action taken in reliance upon information contained in this form. No representations, either express or implied, are made or given regarding the legal consequences of the use of any information contained in this form. Purchasers and persons intending to use this form for the preparation of any legal documents are advised to check specifically on the current applicable laws in any jurisdiction in which they intend the documents to be effective.

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I,	, of	, City
of	, State of	, as principal, do hereby
appoii	nt:, of	,
City o	of, State of	, my attorney-in-fact to
act in	my name, place and stead in any way which I myself could do, if I were personally present, wi	th respect to the following matters to the
extent	t that I am permitted by law to act through an agent:	
	_ (a) real estate transactions;	
	(b) goods and services transactions;	
	(c) bond, share and commodity transactions;	
	_ (d) banking transactions;	
	(e) business operating transactions;	
	_ (f) insurance transactions;	
	(g) estate transactions;	
	_ (h) claims and litigation;	
	_ (i) personal relationships and affairs;	
	_ (j) benefits from military service;	
	(k) records, reports and statements;	
	_ (l) retirement benefit transactions;	
	(m) making gifts to my spouse, children and more remote descendants, and parents;	
	(n) tax matters;	
	(o) all other matters;	
	(p) full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing my attorney-in-fact shall select;	g powers to any person or persons whom
	(q) unlimited power and authority to act in all of the above situations (a) through (p)	
If the	attorney-in-fact named above is unable or unwilling to serve, I appoint	, of
	, City of, S	tate of

to be my attorney-in-fact for all purposes hereunder.

To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney.

This power of attorney shall not be effective in the event of my future disability or incapacity. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence.

Dated:		
Signature and Declaration of Princ	ipal	
I,	, the principal, sign my name to this power of attorney this	day of
and, being first duly sworn,	do declare to the undersigned authority that I sign and execute this instrument as	s my power of
attorney and that I sign it willingly, or willing	ly direct another to sign for me, that I execute it as my free and voluntary act for	the purposes
expressed in the power of attorney and that I a	am eighteen years of age or older, of sound mind and under no constraint or under	ue influence.
Signature of Principal		
Witness Attestation		
I,	, the witness, sign my name to the foregoing power of attorney	being first duly
sworn and do declare to the undersigned author	ority that the principal signs and executes this instrument as his/her power of atto-	orney and that
he\she signs it willingly, or willingly directs a	nother to sign for him/her, and that I, in the presence and hearing of the principal	l, sign this
power of attorney as witness to the principal's	s signing and that to the best of my knowledge the principal is eighteen years of a	age or older, of
sound mind and under no constraint or undue	influence.	
Signature of Witness		
Notary Acknowledgment		
State of	County of	
Subcribed, sworn to and acknowledged before	e me by, the Principal, and subscribed	1 and sworn to
before me by	, witness, this day of	
Notary Signature	<u></u>	
Notary Public,		
In and for the County of	State of	
My commission expires:	Seal	

I accept my appointment as Attorney-in-Fact.			
Signature of Attorney-in-Fact	Printed Name of Attorney-in-Fact		

Acceptance of Appointment as Attorney-in-Fact

Got all your DUCKS in a row?

Protect your family and your assets!

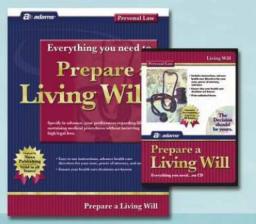


Last Will & Testament

Use for distribution of assets, as well as children's trusts and funeral arrangements, if desired.

Available on CD, in a kit, and a Premium Collection with form & CD





Living Trusts

Avoid probate, and retain control of your estate. Use for distribution of assets, and answer questions about estate taxes and your state requirements.

Available on CD and in a kit

Living Wills

Ensure your health care decisions are known. Includes advance health care directives for your state, power of attorney, and more.

Available on CD and in a kit

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