

**STATE OF ARIZONA**  
**“DURABLE” GENERAL POWER OF ATTORNEY**  
**Instructions and Form**

**GENERAL INSTRUCTIONS:** Use this Durable Power of Attorney form if you want to authorize someone to handle your financial affairs if you become unable to do so in the future, or if you simply want someone to handle these things for you. A “Durable” General Power of Attorney allows you to name a representative to make legally binding decisions regarding your money, property, and other assets. Read the “General Information” to learn more about this important document. **Also, you should check with your bank and other financial institutions to determine if they will accept this form of Durable Power of Attorney or if they require you to sign their own form.**

Be sure you understand the importance of this document before you sign it. Talk to your family members, friends, and others you trust about your choices. Also, it is a good idea to talk with a lawyer before you sign any important legal document, including this form. If you decide this is the form you want to use, complete the form. **Do not sign this form until your witness and a notary public are present to witness the signing.** There are further instructions for you about signing this form on page 2.

**NOTICE: Before you sign a Durable Power of Attorney, you should consult a lawyer. It is important for you to be aware of not only the benefits but also the possible disadvantages of signing this document. Be sure you understand the extent of the power you are giving your representative over your business and financial affairs and the harm your representative could cause you if he/she uses bad judgment or is unscrupulous about protecting your property.**

**1. Information about me** (I am called the “Principal”):

My Name: \_\_\_\_\_ My Age: \_\_\_\_\_  
My Address: \_\_\_\_\_ My Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ My Telephone: \_\_\_\_\_

**2. Selection of my Representative** (Also called an “agent”):

I choose the following person to act as my representative AND to use my money, property, or assets as identified below only in my best interests, which means solely for my benefit and not for my representative’s benefit. I do not authorize my representative to receive a commission, compensation, or fees for this service unless and until I have specifically authorized and identified such matters in detail in a written contract in which I separately initial such authorization, sign the document, and have the document witnessed or notarized.

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

**3. When I want this Power of Attorney To Become Effective**

**NOTE:** Initial A or B below. You can make a durable power of attorney effective immediately, or *only if and when you are disabled or incapacitated* and can no longer make your own financial decisions. “Incapacitated” means mentally or physically impaired so that you lack sufficient understanding or capacity to make or communicate responsible decisions about yourself. This decision might be made by a physician, psychologist, or another health care professional who can evaluate if you are incapacitated. Talk to a lawyer who can advise you how and by whom your incapacity or disability can be determined.

\_\_\_ **A. I DO NOT WANT This Power To Be Effective Unless and Until I Become Unable or Lack Capacity to Make My Own Financial and Business Decisions:** I want to allow my representative to act for me **only** if and when I become disabled or lack capacity to handle my own decisions.

\_\_\_ **B. I DO WANT This Power To Be Effective Immediately And To Last Even If I Become Disabled.**

I expressly want to allow my representative to act for me from this point on regardless of how much time passes. If I later suffer a sudden disability or incapacity, I still want this Power to be effective.

#### 4. What I AUTHORIZE My Representative to Do:

My representative is authorized to make day-to-day financial and business decisions for me to ensure that my daily quality of living continues in a manner to which I have been accustomed and/or which I am able to afford. My representative should discuss my choices with me if I am able to communicate in any manner and should explain to me any choices he or she makes, if I am able to understand.

I want my representative to complete and sign any legal, financial, or business documents that require my authorization, and to transact business and/or carry out my financial affairs on my behalf. This authority includes, but is not limited to the following powers:

- To issue and/or endorse any checks on my behalf, and to open or close accounts of any nature in my name or his/her name, and to make deposits to and withdrawals from my checking and savings accounts, and to have access to any safe deposit boxes that I might have.
- To complete and sign any business, financial, or legal documents, including those related to social security benefits, government bonds, mutual funds, certificates of deposit, annuities, and retirement benefits, and to file on my behalf federal and state tax returns, and documents related to Social Security, Medicare, Medicaid, and any insurance.
- To make any and all investments on my behalf.
- To borrow against or request the cash surrender value of any of my life insurance policies and to transfer ownership of any such policies to the named beneficiaries, and to borrow money in my name and provide any documents necessary to give any lender a security interest.
- To sell, lease, or mortgage any real or personal property that I own.
- To authorize any persons to provide assistance to me with the matters listed above or other matters. These include, but are not limited to, attorneys, financial advisors, real estate agents, and health care professionals.

#### 5. What I DO NOT AUTHORIZE My Representative To Do: Here is what I do not authorize my representative to do with my money, property or other assets. (Write in any restrictions you want, or write in "not applicable".)

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### PRINCIPAL'S STATEMENTS AND OATH

**Instructions:** This Power of Attorney must be signed and sworn to by you and your witness before a notary public and must show the notary public's certificate and official seal. Your witness cannot be the person you have chosen as your representative, your representative's spouse or child, or the notary public. If you are unable to sign, someone can sign on your behalf, but it must be done in your conscious presence and with your consent.

I am under oath and I sign my name to this power of attorney. I declare to the notary public that I sign this document as my power of attorney. I sign it willingly, or I willingly directed someone else to sign it for me. I sign it as my free and voluntary act for the purposes as stated in this Power Of Attorney. I am eighteen years of age or older, of sound mind and I am under no constraint or undue influence.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**WITNESSES' STATEMENTS AND OATH**

I am under oath and I sign my name to this power of attorney as the witness. I declare to the notary public that the person whose power of attorney this is (Principal) signed this document as his/her power of attorney. He/she signed it willingly, or willingly directed another to sign for him/her. I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing. To the best of my knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence. I further swear that I am not a child or spouse of the representative selected by the principal.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY PUBLIC**

STATE OF ARIZONA )ss  
COUNTY OF \_\_\_\_\_)

The undersigned, being a Notary Public certified in Arizona, declares that this Power of Attorney was subscribed, sworn to and acknowledged before me by \_\_\_\_\_, the Principal, and subscribed and sworn to before me by \_\_\_\_\_, the Witness, this \_\_\_\_ day of \_\_\_\_\_. The person making this Power of Attorney (the Principal) appears to me to be of sound mind and free from duress.

WITNESS MY HAND AND SEAL this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_