

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, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. The powers will not exist after you become disabled, or incapacitated. This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your general power of attorney, you must complete a new document and revoke this one. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document is invalid. Since some 3rd parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, trustworthy and competent to manage your affairs.

I, _____, of _____, City
 of _____, State of _____, as principal, do hereby
 appoint: _____, of _____,
 City 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, with respect to the following matters to the
 extent 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 powers to any person or persons
 my attorney-in-fact shall select;
- ____ (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 _____
 _____, City of _____, State of _____
 to be my attorney-in-fact for all purposes hereunder.

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!

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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- _____ (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 powers to any person or persons whom my attorney-in-fact shall select;
- _____ (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 _____, City of _____, State of _____, to be my attorney-in-fact for all purposes hereunder.

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 Principal

I, _____, the principal, sign my name to this power of attorney this _____ day of _____, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly 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 am eighteen years of age or older, of sound mind and under no constraint or undue 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 authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that 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.

Signature of Witness _____

Notary Acknowledgment

State of _____ County of _____
Subscribed, sworn to and acknowledged before me by _____, the Principal, and subscribed and sworn to before me by _____, witness, this _____ day of _____.

Notary Signature _____

Notary Public, In and for the County of _____ State of _____

My commission expires: _____ Seal _____

Acceptance of Appointment as Attorney-in-Fact

I accept my appointment as Attorney-in-Fact.

Signature of Attorney-in-Fact _____ Printed Name of Attorney-in-Fact _____

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 notarized.)
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 appoint: _____, of _____, City 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, with respect to the following matters to the extent that I am permitted by law to act through an agent:

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- _____ (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;
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- _____ (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 _____, State 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 Principal

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 my power of attorney and that I sign it willingly, or willingly 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 am eighteen years of age or older, of sound mind and under no constraint or undue 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 authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that 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.

Signature of Witness

Notary Acknowledgment

State of _____ County of _____

Subscribed, sworn to and acknowledged before me by _____, the Principal, and subscribed and sworn to before me by _____, witness, this _____ day of _____.

Notary Signature

Notary Public,
In and for the County of _____ State of _____

My commission expires: _____

Seal

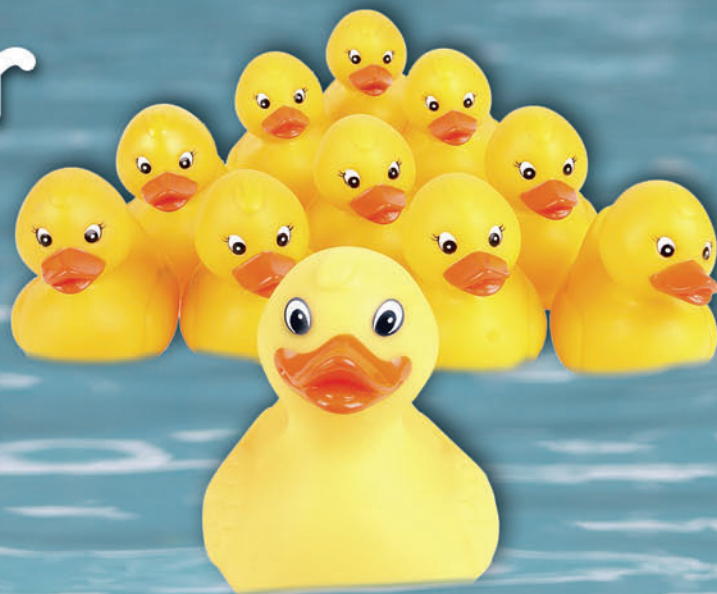
Acceptance of Appointment as Attorney-in-Fact

I accept my appointment as Attorney-in-Fact.

Signature of Attorney-in-Fact

Printed Name of Attorney-in-Fact

Got all your DUCKS in a row?



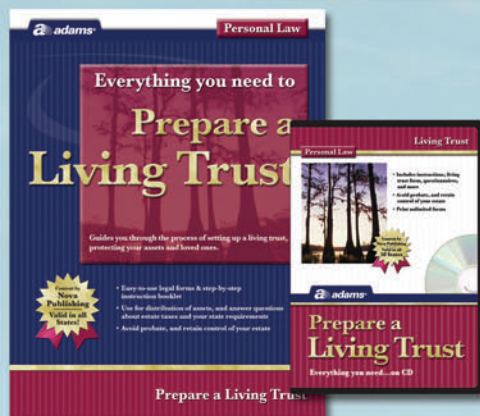
Protect your family
and your assets!



Last Will & Testament

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

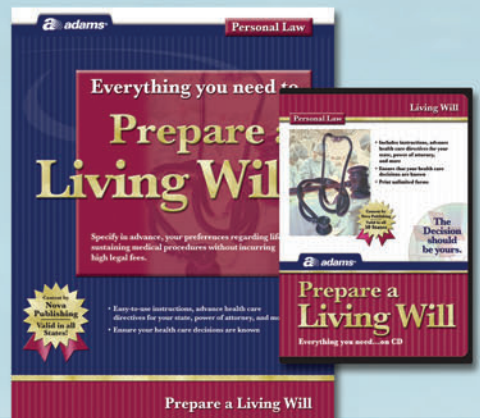
Available on CD, in a kit, and a Premium Collection with form & CD



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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