

DURABLE POWER OF ATTORNEY

Executed by _____ name _____, Social Security number: XXX-XX-XXXX

I _____ name _____, residing at _____ address _____ in _____ city _____, state, _____, hereby designated _____ name _____, residing at _____ address _____ in _____ city _____, state], to serve as my agent/attorney in fact. The following terms and conditions apply until such time that it is revoked by me in writing, and are otherwise irrevocable, even in the event of my death or disability:

1. Authority to Act on my Behalf. I authorize the Agent holding Power of Attorney to act on my behalf, taking into foremost consideration my personal well-being.
2. Agent's Powers. The Agent is hereby given the power and authority to manage all of my personal and business affairs, and to act on my behalf in all legal matters, present and future.
3. Property Transactions. The Agent is specifically empowered to manage all of my properties, or interest in properties, including investments, sales, leasing, transfers, exchanges, mortgages, insurance, taxes, and any other dealings. The agent may collect debts on my behalf and borrow funds and offer my property as collateral in any lending situation.
4. Banking. The Agent is empowered to conduct any and all bank, savings and loan, or credit union business on my behalf, including endorsing checks, depositing and withdrawing money, signing agreements, approving merges, consolidating assets or accounts, liquidating assets, transferring interests, investing, and exercising stock options. The Agent also is granted access to my safety deposit boxes as well the ability to add or remove documents therein. Additionally, the Agent is to serve as my proxy in any dealings regarding stocks, bonds, shares, and other investments.
5. Taxes. The Agent is empowered to prepare, sign, and file all income and business tax forms and related documentation as well as represent my interests to the Internal Revenue service.
6. Legal Proceedings. The Agent may appear on my behalf in any legal or administrative law proceedings as well as settle any claims or debts for which I am liable.
7. Business Dealings. The Agent is granted the authority over my business(es) and household employees, with the ability to hire and dismiss employees, contract workers, legal counsel, and others with whom I do business.
8. Restrictions. The Agent cannot execute or alter a will on my behalf, nor change beneficiaries on any insurance policies held by me. This Durable Power of Attorney does not override any Medical Power of Attorney executed by me.
9. Liability. Unless found to have acted negligently, the Agent will not incur any liability for actions or lack of actions taken while exercising Power of Attorney.
10. Substitute Agent. If _____ name _____ is unable or unwilling to act as my Agent, I hereby appoint _____ name _____, residing at _____ address _____ in _____ city _____, state].

NAME

SIGNATURE

DATE

WITNESS NAME

WITNESS SIGNATURE

DATE
