DURABLE POWER OF ATTORNEY

I, _____, residing at _____ ("Principal"), hereby appoint _____, residing at _____, as my attorney-in-fact ("Agent") to act for me and in my name as authorized below. This is a durable power of attorney.

1. SUCCESSOR AGENT

If my Agent is unable or unwilling to serve, I appoint _____ of _____ as successor Agent.

2. POWERS GRANTED

I grant my Agent authority to act on my behalf with respect to each subject the Principal has initialed below:

_____ Banking and financial transactions

_____ Real property transactions

_____ Personal property transactions

_____ Tax matters

_____ Insurance and annuity transactions

_____ Claims and litigation

_____ Government benefits

_____ Retirement plan transactions

_____ Other: _____

3. DURABILITY

This Power of Attorney is DURABLE. It shall not be affected by my subsequent disability or incapacity, or by lapse of time, and remains in effect until I revoke it or until my death.

4. EFFECTIVE DATE

(Check one) [ ] This Power of Attorney is effective immediately. [ ] This Power of Attorney becomes effective upon my disability or incapacity, as certified in writing by a licensed physician.

5. REVOCATION

I may revoke this Power of Attorney at any time by written notice to my Agent. This Power of Attorney revokes all prior powers of attorney granted by me with respect to the subjects above, unless stated otherwise: _____.

This general template is provided for informational purposes only and does not constitute legal advice. Requirements vary by state and locality; review current law and attach any disclosures or addenda required for the tenancy before signing. For a guided state-specific document, visit lawvault.org.

6. THIRD-PARTY RELIANCE

Third parties may rely on the authority granted in this Power of Attorney until they receive written notice of its revocation or termination.

Note: Many states have statutory power of attorney forms and specific execution requirements (witnesses and/or notarization). Verify the requirements of your state before signing.

SIGNATURES

Principal

Signature: _____ Date: _____

Printed Name: _____

Witness 1

Signature: _____ Date: _____

Printed Name: _____

Witness 2

Signature: _____ Date: _____

Printed Name: _____

NOTARY ACKNOWLEDGMENT

State of _____, County of _____.

Acknowledged before me on _____, 20____ by _____.

Notary Public Signature: _____ My commission expires: _____

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