

GENERAL POWER OF ATTORNEY

I, _____, residing at _____
in the State of _____, hereby appoint _____,
residing at _____, in the state of _____ as
my attorney-in-fact to act on my behalf in all matters, as outlined below, with full power and
authority, in my place and for my advantage, I do hereby revoke any and all powers of attorney I
may have previously executed.

I. POWERS

I hereby grant my attorney-in-fact the authority to represent and act on my behalf, as though I
were personally present, and to execute and carry out the actions or authorities that I have
specifically indicated with my initials as outlined below.

**TO GRANT ALL OF THE FOLLOWING POWERS, PLEASE INITIAL THE LINE IN FRONT OF
EACH POWER LISTED BELOW.**

**TO GRANT ONE OR MORE, BUT NOT ALL, OF THE FOLLOWING POWERS, PLEASE
INITIAL THE LINE IN FRONT OF EACH POWER YOU WISH TO GRANT.**

**TO WITHHOLD A POWER, SIMPLY DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY
CHOOSE TO CROSS OUT ANY POWER THAT YOU DECIDE TO WITHHOLD, BUT IT IS
NOT REQUIRED.**

II. GRANTED POWERS

_____ **Real Estate (personal):** I authorize my attorney-in-fact to manage, buy, sell,
lease, or otherwise deal with any real estate, personal property, or other assets that I own or
have an interest in. I authorize my attorney-in-fact to acquire, buy, exchange, lease, grant
options to sell, and sell personal property, including any interests therein, on terms and
conditions they consider appropriate. They are empowered to enter into credit arrangements if
necessary. They are also authorized to execute, acknowledge, and deliver any assignments,
transfers, titles, documents, or instruments that they deem necessary in connection with these
transactions, whether under seal or otherwise. Furthermore, my attorney-in-fact is permitted to
purchase, sell, assign, transfer, and convey shares of stock, bonds, securities, and other
personal property that currently belong to me or may come into my possession in the future,
regardless of whether they are registered in my name or held elsewhere.

_____ **Money matters:** I grant my attorney-in-fact the authority to make payments on
any outstanding accounts I may have and to receive, collect, and pursue any amounts that are
owed to me or that I may acquire an interest in the future, regardless of their form, whether they

are determined or undetermined. They are authorized to take all lawful actions on my behalf for the purpose of collecting and recovering such amounts, including utilizing all available legal means. Furthermore, they have the power to negotiate, sell, settle, and reach agreements related to these amounts, and to sign and deliver any necessary endorsements, releases, receipts, or other valid documents on my behalf and in my name.

_____ **Banking:** I authorize my attorney-in-fact to open, close, and operate bank accounts in my name and conduct any banking transactions, including but not limited to depositing, withdrawing, and transferring funds. To manage and invest my funds, including the power to buy, sell, trade, and dispose of stocks, bonds, securities, and other investment instruments.

_____ **Management:** I authorize my attorney-in-fact to undertake various management actions in relation to any real or personal property, tangible or intangible, that I currently possess or may acquire in the future. This includes the power to maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and engage in any other necessary dealings with such property or its interests, all in my name and for my benefit. The specific terms and conditions governing these actions shall be determined by my attorney-in-fact in their discretion.

_____ **Safe-Deposit Boxes.** I authorize my attorney-in-fact to have unrestricted access, at any time, to any safe-deposit box rented by me or to which I have access, regardless of its location. This includes the authority to drill open the box if necessary and to remove all or any portion of its contents. My attorney-in-fact is also empowered to surrender or relinquish the safe-deposit box if required.

Furthermore, I acknowledge that any financial institution where such safe-deposit box is located shall not be held liable to me or my estate for granting permission to my attorney-in-fact to exercise this power.

_____ **Tax matters:** I hereby grant my attorney-in-fact unlimited authority to handle all tax matters on my behalf. This includes federal income taxes (Forms 1040, 1040EZ, 1040X, etc.), state and local income taxes, estate and gift taxes (Form 709), and any other tax returns, both federal and state. They have the power to handle joint returns, FICA returns, payroll tax returns, claims for refunds, extensions, waivers, protests, petitions, and other tax-related documents.

Furthermore, my attorney-in-fact is authorized to complete the necessary forms, such as the Internal Revenue Service Form 2848, and perform all functions described within it, whether mandatory or discretionary. They can provide consent for gifts, utilize gift-splitting provisions and other tax elections, and handle claims for tax refunds.

Additionally, my attorney-in-fact can post bonds, receive confidential information, and contest any deficiencies determined by the IRS or any state or local taxing authority. They can make

elections under federal, state, or local tax laws, including the allocation of generation-skipping tax exemptions.

If any specific power, discretion, tax period, form, or jurisdiction has been inadvertently omitted, my attorney-in-fact has the authority to amend the Internal Revenue Service form power of attorney on my behalf. To handle all tax-related matters, including the preparation, signing, and filing of tax returns.

_____ **RETIREMENT PLAN MATTERS:** My attorney-in-fact is hereby authorized to manage and administer my retirement plans, including but not limited to the following actions: Enrolling in retirement plans, such as individual retirement accounts (IRAs), 401(k) plans, pension plans, or any other qualified retirement plans. Making contributions to retirement plans, including salary deferrals, catch-up contributions, and employer matching contributions. Selecting and managing investment options within retirement plans, including reallocating assets and making investment decisions. Monitoring and reviewing the performance of retirement plan investments and making adjustments as necessary. Withdrawing funds from retirement plans, including required minimum distributions (RMDs) and other distributions in accordance with applicable tax and retirement plan regulations. Executing rollovers or transfers between retirement plans, if eligible and beneficial. Engaging legal and financial professionals as necessary to ensure compliance with retirement plan regulations and optimize retirement savings strategies. Taking any other actions required to effectively manage and maximize the benefits of my retirement plans.

_____ **CLAIMS AND LITIGATION:** In the event that legal action or litigation arises concerning any matter related to my affairs or interests, I authorize my attorney-in-fact to take the necessary actions to protect my rights and interests. This includes, but is not limited to, the following:

- a. **Initiate Legal Actions:** My attorney-in-fact is authorized to initiate legal actions, including filing lawsuits or complaints, in my name and on my behalf. They may engage legal counsel and make decisions regarding the course of legal proceedings.
- b. **Defend Claims:** My attorney-in-fact has the authority to defend claims or legal actions brought against me. They may retain legal counsel, respond to legal notices, and negotiate settlements or resolutions, with my best interests in mind.
- c. **Settlement and Negotiation:** My attorney-in-fact is authorized to negotiate settlements, compromises, or agreements, on my behalf, as they deem appropriate. They have the discretion to consider the merits of any settlement offer and make decisions based on what they believe to be in my best interest.
- d. **Collection of Damages:** If a court or other authority awards damages or restitution in my favor, my attorney-in-fact is authorized to collect and receive such amounts on my

behalf. They may endorse checks, execute releases, and undertake any necessary actions to facilitate the collection of funds owed to me.

- e. **Legal Representation:** My attorney-in-fact has the power to engage, retain, and dismiss legal counsel to represent me in legal proceedings. They may negotiate legal fees and execute necessary agreements on my behalf.
- f. **Access to Information:** I authorize my attorney-in-fact to obtain access to all relevant documents, records, and information related to any claims or legal proceedings. They may request and review such materials and take any actions necessary to ensure they are fully informed.
- g. **Court Appearances:** My attorney-in-fact has the authority to appear in court or before any other legal or administrative body on my behalf. They may present evidence, make statements, and exercise all rights and privileges I would have in such proceedings.

_____ **PERSONAL AND FAMILY MATTERS:** My attorney-in-fact is hereby authorized to provide for my personal and family maintenance, including but not limited to the following actions:

Paying for my everyday living expenses, such as housing, utilities, groceries, and transportation.
Managing and paying medical and healthcare expenses, including insurance premiums, medical bills, and necessary treatments.

Maintaining and managing my personal property, including repairs, renovations, and upkeep.

Managing and paying for educational expenses for myself and my family members.

Making gifts or contributions to family members for their support and well-being.

Managing and paying for recreational and leisure activities for myself and my family members.

Engaging legal and financial professionals as necessary to assist in personal and family maintenance matters.

Undertaking any other actions required to ensure the well-being and quality of life for myself and my family members.

_____ **BENEFITS FROM SOCIAL SECURITY, MEDICARE, AND OTHER GOVERNMENT PROGRAMS:** My attorney-in-fact is hereby authorized:

- a. To manage and act on my behalf in all matters related to benefits from Social Security, Medicare, and any other government programs, including but not limited to the following actions:
- b. Applying for, enrolling in, and making decisions regarding Social Security benefits, including retirement benefits, disability benefits, survivor benefits, and supplemental security income (SSI).
- c. Handling communications, inquiries, and correspondence with the Social Security Administration and other government agencies pertaining to my benefits.
- d. Completing and submitting necessary forms, documents, and applications for Medicare coverage, including Part A (hospital insurance), Part B (medical insurance), Part D (prescription drug coverage), and Medicare Advantage (Part C) plans.

- e. Selecting, changing, and managing Medicare healthcare providers, including primary care physicians, specialists, and hospitals.
- f. Authorizing and coordinating payments for medical services, prescription drugs, and other healthcare expenses covered by Medicare.
- g. Navigating the appeals process for any disputes or claims related to my Social Security or Medicare benefits.
- h. Exploring and applying for additional government assistance programs, such as Medicaid, Veterans Affairs benefits, or other applicable programs.
- i. Engaging legal and financial professionals as necessary to ensure the proper administration and optimization of my benefits from Social Security, Medicare, and other government programs.

_____ **GENERAL AUTHORITY:** I authorize my attorney-in-fact

- a. To do and perform any act that I could do personally, as fully and effectively as I could do it.
- b. To sign, endorse, and negotiate checks, drafts, notes, or other negotiable instruments on my behalf.
- c. To access, manage, and control any of my digital assets, including email accounts, social media profiles, and online financial accounts.

_____ **OTHER POWERS** (if any):

3. SPECIAL INSTRUCTION (IF ANY):

4. EFFECTIVE DATE (Initial your preference): This General Power of Attorney shall take effect

_____ Immediately
 _____ [mm/dd/yyyy]

upon signing and remain in full force and effect

5. TERMINATION DATE (Initial your preference): This General Power of Attorney shall be terminated:

_____ upon Incapacitation of Principal
 _____ on [mm/dd/yyyy]
 _____ upon written notice of revocation by Principal

6. INCAPACITATION CLAUSE

In the event that I am determined to be incapacitated or unable to make decisions regarding my personal and financial affairs by a licensed physician or by a court of competent jurisdiction, this Power of Attorney shall remain in effect, and the powers granted herein to my appointed agent shall become active.

Incapacitation shall be deemed to have occurred when:

A licensed physician, after conducting a thorough examination, certifies in writing that I lack the mental capacity to manage my own affairs.

OR

A court of competent jurisdiction, through proper legal proceedings, declares that I am legally incapacitated.

Upon such determination of incapacitation, my appointed agent shall have full authority to act on my behalf, make decisions, and carry out all powers and duties granted in this Power of Attorney. This includes, but is not limited to, managing my finances, paying bills, making healthcare decisions, accessing medical records, and engaging in legal matters. The incapacitation of the principal shall not revoke or terminate this Power of Attorney unless specified otherwise in a separate document, specifically revoking this Power of Attorney or by operation of law.

I acknowledge that by including this incapacitation clause, I am authorizing my appointed agent to act on my behalf in the event of my incapacity, and I trust that they will exercise their powers diligently and in my best interests.

A certified copy of the court order or decree declaring incapacity or appointing a conservator or guardian, or a copy of the physicians' certifications mentioned above, shall be attached to the original of this Power of Attorney. Photocopies of such documents should be attached to any copies of this Power of Attorney.

7. MULTIPLE AGENT CLAUSE (If applicable) (select answer)

YES

NO

In the event that I have designated more than one agent to act on my behalf in this Power of Attorney, the following provisions shall apply:

7.1 JOINT AUTHORITY:

a. All agents designated herein shall have equal and joint authority to exercise the powers granted in this Power of Attorney unless otherwise specified.

b. Each agent may act independently and without the consent or knowledge of the other agent(s) unless a specific action requires the agreement or joint decision of all agents.

8. SEVERABILITY:

- a. Each agent may act independently and is authorized to exercise any or all powers granted in this Power of Attorney, even if another agent is unable, unwilling, or unavailable to act.
- b. The actions and decisions of one agent shall not impose liability on another agent unless they have knowingly and intentionally participated in such actions or decisions.

9. SUCCESSOR AGENT: (if any) (select answer)

- YES
- NO

In the event that one or more of the designated agents is unable, unwilling, or unavailable to act, _____ residing at _____ in the State of _____ shall have full authority to exercise the powers granted in this Power of Attorney.

If all designated agents are unable, unwilling, or unavailable to act, a successor agent, named in this Power of Attorney, shall assume the powers and responsibilities of the agent(s) in the order designated.

10. REVOCATION OF AGENT'S AUTHORITY:

- a. I reserve the right to revoke the authority of any agent designated in this Power of Attorney at any time, in whole or in part, by providing written notice to the agent(s) and any relevant third parties.
- b. Revocation of the authority of one agent shall not affect the authority of any other agent(s) unless explicitly stated in the revocation notice.

By including this Multiple Agent Clause, I acknowledge that I have designated multiple agents to act on my behalf in this Power of Attorney and that I understand the implications and responsibilities associated with such designation.

11. INTERPRETATION AND GOVERNING LAW

This document should be understood as a general non-durable power of attorney. The specific powers listed herein are not intended to, and do not, limit or restrict the general powers granted to my attorney-in-fact. It is against my intention for any third party to interpret it otherwise. This document is created and delivered in the State of _____, and the laws of that state shall govern any issues regarding the validity of this power and the interpretation of its provisions. However, I intend for this document to have full force and effect in any state or country where I may be located or own property, whether it's real estate or personal belongings. I explicitly state that my attorney-in-fact is not required to obtain a bond, and if a bond is necessary, no sureties should be required. Additionally, I declare that photocopies of this document hold the same power and effect as the original.

12. RELIANCE ON THE POWER OF ATTORNEY BY THIRD PARTIES

Any third party dealing with my appointed representative mentioned herein can fully rely on the granted authority without considering the utilization of any proceeds or verifying the representative's authorization for any action undertaken in this context. Consequently, any individual who, in good faith, acts based on the representations of my attorney-in-fact or the granted authority herein shall not be held liable to me or my estate for such actions. I hereby confirm and endorse any lawful actions carried out by my attorney-in-fact under this document. Revocation of this power of attorney becomes effective for third parties only after they are informed and have actual knowledge of it. I agree to indemnify any third party against claims arising from their reliance on this power of attorney.

I hereby revoke any and all prior powers of attorney executed by me.

I acknowledge that by signing this **General Power of Attorney**, I am giving my agent broad powers and authority over my personal and financial affairs. I trust and believe that my agent will act in my best interests and exercise the granted powers responsibly.

By affixing my signature hereto, I hereby declare that I have duly executed this General (Non-Durable) Power of Attorney on _____ of _____ 20_____

Signature of Principal
Name in Print: _____

ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF _____

COUNTY OF _____ ss.

On this day ____ of _____ 20____, I, _____, a duly commissioned Notary Public in and for the State of _____, certify that _____ appeared before me as the Principal of this Power of Attorney and provided government-issued photo identification, establishing their identity as the aforementioned individual. In my presence, _____ executed the preceding document and acknowledged that they did so willingly and as their own free act and deed.

Name of Notary Public
NOTARY PUBLIC'S SEAL

My Commission Expires: _____ of _____ 20_____

WITNESS ACKNOWLEDGEMENT

As witness (es), I/we each solemnly affirm in the presence of the Principal that the Principal has signed and executed this document as their Power of Attorney. I/we also affirm that I/we are/are legal adults and not the attorney-in-fact so named. I/We each confirm that the Principal's signature was voluntary, and I/we now sign this Power of Attorney as witnesses upon the Principal's request and in their presence. To the best of my/our knowledge, the Principal is at least eighteen years old, of sound mind, and not subject to any form of coercion or undue influence.

Signature of Witness: _____ **Date:** _____

Name of Witness: _____

Address: _____

State: _____

Signature of Witness: _____ **Date:** _____

Name of Witness: _____

Address: _____

State: _____

ACCEPTANCE OF APPOINTMENT

I, _____, hereby accept the appointment as Attorney in Fact under the Power of Attorney executed by _____ on _____. I acknowledge that I have read the Power of Attorney document in its entirety and understand the scope of my authority and responsibilities as outlined therein.

I accept this appointment willingly and affirm that I will act in the best interests of the Principal, carrying out the powers and duties granted to me in accordance with the terms and conditions specified in the Power of Attorney. I understand the importance of acting in a fiduciary capacity and will exercise diligence, integrity, and loyalty in performing my duties.

I further acknowledge that I have a duty to keep accurate records of all transactions and actions taken on behalf of the Principal, and I will provide regular reports and accountings as required by law or requested by the Principal or their legal representatives.

I am aware that my authority as Attorney in Fact commences upon the execution of this document and will continue until any revocation or termination occurs as specified in the Power of Attorney or by applicable law.

Signature of Attorney-in-Fact

Name in Print: _____