

## Power of Attorney Form

I, \_\_\_\_\_, \_\_\_\_\_, make \_\_\_\_\_,  
(Your name) (Your Social Security Number) (Name of Power of Attorney)  
\_\_\_\_\_, my attorney in fact for the period from \_\_\_\_\_ to \_\_\_\_\_  
(Soc. Sec. # for Power of Attorney) (Beginning date)  
\_\_\_\_\_, to do the following on my behalf: \_\_\_\_\_  
(End date) ( i.e., sign all legal documents, take care of financial matters, make medical decisions)

I give \_\_\_\_\_ the authority to perform any act necessary to  
(Name of Power of Attorney)  
fulfill this Power of Attorney, with full power of substitution and revocation, I ratify all that  
\_\_\_\_\_, or his/her substitute, shall lawfully do pursuant to this Power of Attorney.  
(Name of Power of Attorney)

I have signed this Power of Attorney on \_\_\_\_\_.  
(Signature and Date)

Signed and acknowledged in the presence of:

\_\_\_\_\_  
(Name of notary)

\_\_\_\_\_  
(Date)

(Notary's seal and statement)

\_\_\_\_\_  
(Name of Power of Attorney)

\_\_\_\_\_  
(Address of Power of Attorney)

\_\_\_\_\_  
(Phone number of Power of Attorney)