General Power of Attorney

This Power of Attorney (“Agreement”) is made on [Date] by:

Principal:  
Full Legal Name: [Your Full Name]  
Address: [Your Full Address]  
Phone: [Your Phone Number]  
Email: [Your Email]

Appoints:

Agent / Attorney-in-Fact:  
Full Legal Name: [Agent’s Name]  
Address: [Agent’s Address]  
Phone: [Agent’s Phone Number]  
Email: [Agent’s Email]

## 1. Grant of Authority

The Principal grants the Agent full authority to act on their behalf in the following matters:  
☐ Real estate transactions  
☐ Banking and financial transactions  
☐ Legal claims and litigation  
☐ Personal and family maintenance  
☐ Government benefits  
☐ Medical and healthcare decisions  
☐ Tax matters  
☐ Other: [Specify]  
  
\*Initial or check applicable powers.\*

## 2. Effective Date

This POA is effective:  
☐ Immediately upon signing  
☐ Only upon the Principal’s incapacitation (Springing POA)  
☐ From [Start Date] to [End Date]

## 3. Durability

☐ This Power of Attorney shall remain in effect even if I become incapacitated.  
☐ This Power of Attorney shall terminate if I become incapacitated.

## 4. Revocation

This Power of Attorney revokes all prior POAs executed by the Principal. It may be revoked in writing at any time.

## 5. Third Party Reliance

Third parties may rely on the Agent’s actions as authorized without further inquiry, unless they have actual knowledge of revocation.

## 6. Compensation

☐ Agent shall serve without compensation.  
☐ Agent shall be compensated at the following rate: $[amount]/[hour/month].

## 7. Governing Law

This Power of Attorney shall be governed under the laws of the State of [Your State].

## 8. Signatures and Notarization

Principal’s Signature:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Principal  
Date: \_\_\_\_\_\_\_\_\_\_\_

Witnesses (If required by your state):  
  
1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Name & Signature  
 Date: \_\_\_\_\_\_\_\_\_\_\_  
  
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Name & Signature  
 Date: \_\_\_\_\_\_\_\_\_\_\_

Notary Acknowledgement  
(Notary block to be added for official notarization if required)