

STATUTORY POWER OF ATTORNEY

I, \_\_\_\_\_ (Client), of \_\_\_\_\_, (Client's Address) appoint \_\_\_\_\_ (Agent) as my agent to act for me in any lawful way with respect to all of the following powers as noted herein:

**NOTICE: IF YOU HAVE ANY QUESTIONS ABOUT THE POWERS GRANTED HEREIN OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTHCARE DECISIONS FOR YOU. YOU MAY ALSO REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

THE CLIENT MUST STATE SPECIFICALLY THE POWER OF WHICH THEY ARE GRANTING THE AGENT TO ACT UPON THEIR BEHALF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \

IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL BE CONSTRUED AND INTERPRETED AS A GENERAL POWER OF ATTORNEY AND MY AGENT (ATTORNEY IN FACT) SHALL HAVE THE POWER AND AUTHORITY TO PERFORM OR UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

**SPECIAL INSTRUCTIONS:**

I grant my agent (attorney in fact) the power as written herein.

This power of attorney is effective immediately and is not affected by my subsequent disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify and hold harmless the third party for any claims that arise against the third party because of reliance on this power of attorney.

If the agent named herein dies, becomes legally disabled, resigns, or refuses to act said power of attorney immediately terminates with no further force or effect.

Signed this \_\_\_\_ Day of  
\_\_\_\_\_ 2 \_\_\_\_\_

\_\_\_\_\_  
CLIENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This document was acknowledged before me the undersigned notary public by \_\_\_\_\_,  
on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF \_\_\_\_\_

