**Durable Power of Attorney**

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

I, do hereby [Legal Name], AKA [Name]

A resident of [City][State]

Located at [Address]

[City], [State] [Zip Code]

**Do Hereby Appoint** [Legal Name]

A resident of [City][State]

Located at [Address]

[City], [State] [Zip Code]

As my true and lawful attorney-in-fact, for use and in my name to execute all documents, and to do any and all things on my behalf, including, but not limited to, the conduct of my business and personal affairs, execution of deeds, mortgages, and all other documents that may affect title to real or personal property including full power to substitute an attorney that is under them in the premises and giving and granting each of the mentioned attorneys full and complete power and authority to do, say or act to transact and or perform each, any and all deeds whatsoever as all intents that I may or could do if personally present and able to act on my own behalf, including but not limited to entry into safety deposit boxes and authority to sign all checks on all my banking accounts and to transfer, cash and also to deal in any with certificates of deposit or other securities.

In addition I do hereby give the above mentioned party authority to release all my rights of homestead, sale, appraisement and redemption respectively, to any and all property that I have an interest.

This power of attorney is to start to be effective on \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_, and shall not be affected by my subsequent disability or incapacity.

**Applicable Law**

This contract shall be governed by the laws of the State of \_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_ County and any applicable Federal Law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principle

By accepting this appointment and acting under it, I the attorney-in-fact (“Agent”) do hereby assume the legal responsibilities of an agent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney-in-Fact

WITNESS #1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS #2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_