

# FREE POWER OF ATTORNEY FORMS

KNOW ALL MEN BY THESE PRESENTS THAT:

I, [Your Full Name], a resident of [Your Full Address], being of sound mind and legal capacity, do hereby appoint [Agent's Full Legal Name], residing at [Agent's Full Address], as my true and lawful attorney-in-fact ("Agent") to act for me in all capacities with full authority, including but not limited to:

1. Executing legal agreements and contracts on my behalf, ensuring that all terms are thoroughly reviewed and comply with applicable laws.
2. Managing all financial transactions, including investments, banking, and retirement accounts, ensuring that all decisions maximize my financial security and comply with my preferences.
3. Handling all real estate transactions, including buying, selling, leasing, and maintaining properties, with full authority to negotiate terms and execute agreements.
4. Filing and negotiating with governmental agencies on tax matters, including addressing audits, resolving disputes, and ensuring compliance with legal requirements.
5. Making healthcare decisions on my behalf, including consent to medical treatments, access to medical records, and coordination of healthcare services in compliance with applicable laws.

This Power of Attorney shall be durable and remain in effect even in the event of my incapacity, in accordance with [Applicable State/Country Law]. My agent is authorized to seek professional advice, as needed, to fulfill their duties and ensure all decisions are in my best interest.

This instrument takes effect on [Effective Date] and shall remain valid until revoked in writing or upon my death. It is made with the intention of providing my agent with comprehensive authority to act in my best interest while ensuring transparency and accountability.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this [Date].

**Principal Signature:** \_\_\_\_\_

**Agent Signature:** \_\_\_\_\_

**Witness 1 Signature:** \_\_\_\_\_

**Witness 2 Signature:** \_\_\_\_\_

**Acknowledgment:**

State of [State], County of [County]

This document was acknowledged before me on [Date], by [Your Full Name], who is personally known to me or who has provided identification.

**Notary Public Signature and Seal:** \_\_\_\_\_