

Durable Power of Attorney

Financial and Legal Continuity During Treatment

Use this template to appoint a trusted person to manage legal and financial affairs if you become unable to do so yourself. State-specific witnessing and notarization requirements may apply.

1. Your Information

Full Legal Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

2. Your Chosen Agent

Primary Agent

Name: _____

Relationship: _____

Phone: _____

Email: _____

Backup Agent (Recommended)

Name: _____

Relationship: _____

Phone: _____

Email: _____

3. When Authority Begins

- Effective immediately.
- Effective only if I become unable to make decisions for myself.

4. Powers Granted

- Manage bank accounts, deposits, and withdrawals
- Pay bills and ongoing expenses

- Work with insurance companies and benefits programs
- Sign contracts and legal documents
- Buy, sell, or manage real property and leases
- Work with attorneys, accountants, or financial advisors
- Operate or manage my business interests, if applicable

5. Special Instructions or Limits

6. Safeguards and Expectations

- My agent must act in my best interest and keep reasonable records of decisions and transactions.
- My agent should avoid conflicts of interest and consult family or advisors when appropriate.
- My agent may not change my beneficiary designations or estate plan unless state law and this document clearly allow it.

Additional safeguards:

7. Signatures

Principal Signature: _____

Date: _____

Witness 1 Signature: _____

Witness 2 Signature: _____

Notary Signature: _____

Commission Expiration:

Important: This template is educational and operational in nature. For legal enforceability, review and complete it using you state-specific requirements.