

# Non-Durable Power of Attorney

**Principal:** [Your Full Name]

**Address:** [Your Address]

**City, State, ZIP:** [City, State, ZIP Code]

**Agent:** [Agent's Full Name]

**Address:** [Agent's Address]

**City, State, ZIP:** [City, State, ZIP Code]

## Grant of Authority

I, [Your Full Name], hereby appoint [Agent's Full Name] as my attorney-in-fact to act on my behalf for the following specific tasks:

- Task 1: [Description of Task 1]
- Task 2: [Description of Task 2]
- Task 3: [Description of Task 3]

## Effective Date

This Power of Attorney shall become effective on [Effective Date] and shall remain in effect until [End Date or Condition of Termination].

## Signatures

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_