

Springing Power of Attorney

Principal: [Your Full Name]

Address: [Your Address]

Date: [Date]

Agent: [Agent's Full Name]

Address: [Agent's Address]

Declaration

I, [Your Full Name], hereby designate [Agent's Full Name] as my Attorney-in-Fact, to act in my name and on my behalf in the event that I become incapacitated and am unable to make decisions regarding my financial and personal matters.

Effective Date

This Power of Attorney shall become effective upon certification by a licensed physician that I am unable to make decisions regarding my personal and financial affairs.

Duration

This Power of Attorney shall remain in effect until I am able to resume control of my affairs or until this document is revoked by me in writing.

Governing Law

This Power of Attorney shall be governed by the laws of the State of [Your State].

Signatures

[Your Full Name], Principal

[Agent's Full Name], Agent

Witnesses

[Witness 1 Name]

[Witness 2 Name]

Notarization

State of [Your State]

County of [Your County]

Subscribed and sworn to before me on this [Date]

Notary Public