

Joint Power of Attorney

Date: _____

We, the undersigned:

Name: _____

Address: _____

and

Name: _____

Address: _____

Hereby appoint the following person(s) as our Attorney-in-Fact:

Name: _____

Address: _____

Powers Granted

The Attorney-in-Fact shall have full power and authority to act on our behalf, including but not limited to:

- Managing bank accounts
- Handling real estate transactions
- Making medical decisions
- Representing us in legal matters

Effective Date

This Power of Attorney shall become effective immediately and shall remain in effect until revoked by us in writing.

Signatures

Signature of Principal 1

Signature of Principal 2

Witness Signature

Witness Signature