

Financial Power of Attorney

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, residing at **[Your Address]**, do hereby appoint **[Agent's Full Name]**, residing at **[Agent's Address]**, as my attorney-in-fact (hereafter referred to as "Agent") for the purpose of managing my financial affairs as they relate to my care.

This Financial Power of Attorney shall grant the Agent full power and authority to act on my behalf in all matters pertaining to my financial affairs, including but not limited to:

- Managing bank accounts and financial investments
- Paying bills and managing expenses
- Making decisions regarding healthcare costs
- Managing real estate transactions

This document is effective immediately and shall remain in effect until revoked by me in writing.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20__.

[Your Full Name]

Witnesses:

[Witness Name]

[Witness Name]