

General Power of Attorney Authorization

Principal: [Your Name]

Address: [Your Address]

Date: [Date]

To Whom It May Concern,

I, [Your Name], hereby appoint [Agent's Name], residing at [Agent's Address], as my Attorney-in-Fact to act on my behalf in all matters pertaining to my personal, financial, and legal affairs.

This power of attorney shall become effective immediately and shall remain in effect until revoked by me in writing.

By this document, I grant my Attorney-in-Fact the authority to:

- Manage and conduct all my financial affairs.
- Make decisions regarding my healthcare and medical treatment.
- Sign documents and contracts on my behalf.
- Represent me in any legal matters.

I affirm that I am of sound mind and capable of making this decision. This authorization is made voluntarily and without any undue influence.

Signed,

[Your Name]

[Witness Name]

Witness