

# Springing Power of Attorney Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby appoint [Agent's Full Name], residing at [Agent's Address], as my attorney-in-fact.

This power of attorney shall become effective upon the occurrence of the following event:  
[Specify the event that triggers the power, e.g., "my incompetence as determined by a qualified physician"].

My attorney-in-fact shall have the authority to act on my behalf in all matters, including but not limited to managing my financial affairs, making healthcare decisions, and handling real estate transactions.

This authorization is made in accordance with the laws of [State/Country].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]