

Durable Power of Attorney Authorization

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], of [Your Address], hereby appoint [Agent's Full Name], residing at [Agent's Address], as my Attorney-in-Fact with full power and authority to act on my behalf in accordance with the provisions of this Durable Power of Attorney.

This authorization includes, but is not limited to, the authority to manage and make decisions regarding my financial matters, property, and health care decisions should I become incapacitated or unable to make such decisions myself.

This Durable Power of Attorney shall remain in effect until revoked or terminated by me in writing.

Executed this [Day] of [Month, Year].

Sincerely,

[Your Signature]

[Your Printed Name]

Notary Acknowledgment

State of [State], County of [County]. This document was acknowledged before me on [Date] by [Your Name].

Notary Public

My Commission Expires: [Date]