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Powers of Attorney

General Power of Attorney
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Revocation of Power of Attorney

Developed, Published & Distributed by:



General Power of Attorney

I, _____, hereby appoint, this date: _____,
_____ as my Attorney-in-Fact ("Agent")

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to checking accounts, savings accounts and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
 - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
 - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
 - c. Have access to any safety deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.
4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.
6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures or other investments.
7. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber my homestead legally described as:

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8. Prepare, sign, and file documents with any governmental body or agency, including but not limited to, authorization to:

- a. Prepare, sign and file income and other tax returns with federal, state, and local and other governmental bodies.
- b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
- c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

My Agent shall not be entitled to any compensation, during my lifetime or upon my death, for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately. This Power of Attorney shall continue effective until my death. I may revoke this Power of Attorney at any time by providing written notice to my Agent.

Declarant Signature: _____ **Agent**

Signature: _____

Print Full Name: _____ Print Full Name: _____

Address: _____ Address: _____

City / State / Zip: _____ City / State Zip: _____

Acknowledgment: (Notarize if required by State Law)

State of: _____ County of: _____

On this date _____ before me personally appeared _____

to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that (she/he) _____ executed the same as (her/his) _____ free act and deed.

(Notary Public) _____ My commission expires: _____

Durable Power of Attorney

I, _____, (Principal) being over the legal age required by state law and of sound mind do voluntarily and intentionally designate and appoint (Agent), who resides at _____ as the sole agent to act on my behalf in the event I am unable to make and communicate my own decisions regarding my health and medical treatment. If above named Agent is unable or unwilling to perform her/his duties, I designate _____ who resides at _____ as my alternate agent. This power and authority shall become effective only after two licensed medical physicians (more if required by law) have personally examined me and certified that I do not have the mental capacity to make informed decisions and give informed consent.

I delegate to my Agent authority to make decisions on my behalf in arranging for and consenting to medical evaluations, medical treatment, surgical procedures, and the administration of drugs and other pharmaceutical substances. This delegation shall include authority to make arrangements on my behalf and consent to medical hospitalization, psychiatric hospitalization, admission to nursing home or other care facility and/or hospice. My agent shall have authority to employ, replace, obtain reassignment, and/or discharge health care personnel to include medical physicians, nurses, dentists, psychiatrists, psychologists, physical therapists, or any other persons involved in my health care and treatment. My agent shall have the authority to visit me in any health care facility and/or transport me to any facility in any state for health care or treatment.

This delegation shall include authority to procure medical treatment on my behalf through the use of my personal assets and/or the sale of my real and/or personal properties. In the event an emergency should arise between such time a petition is filed and an adjudication is made concerning my capacity, my agent may petition the courts for permission to exercise the powers and authority delegated to my agent in this declaration of **Durable Power of Attorney**. Additional instructions (Optional)

I understand that I may revoke this Durable Power of Attorney at any time. I fully understand the importance of this decision; I am competent to make this decision; and I voluntarily and freely sign this **Durable Power of Attorney** on this date _____ in the presence of witnesses.

Principal Signature: _____	Agent Signature: _____
Print Full Name _____	Print Full Name: _____
Address: _____	Address: _____
City / State / Zip: _____	City / State / Zip: _____

Alternate Agent Signature: _____	Witness Signature: _____
Print Full Name: _____	Print Full Name: _____
Address: _____	Address: _____
City / State / Zip: _____	City / State / Zip: _____

Acknowledgment: (Notarize if required by State Law)

State of: _____ County of: _____

On this date _____ before me personally appeared _____

to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that (she/he) _____ executed the same as (her/his) _____ free act and deed.

(Notary Public) _____ My commission expires: _____

Special Power of Attorney

I, _____, hereby appoint, this date: _____,
_____ as my Attorney-in-Fact ("Agent")

My Agent shall have full power and authority to act on my behalf but only to the extent permitted by this Special Power of Attorney. My Agent's powers shall include:

1. The full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above powers, as fully as I could do if personally present and acting.
2. Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.
3. My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.
4. My Agent shall not be entitled to any compensation, during my lifetime or upon my death, for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.
5. My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately. This Power of Attorney shall continue effective until my death. I may revoke this Power of Attorney at any time by providing written notice to my Agent.

Declarant's Signature: _____ Agent Signature: _____

Print Full Name: _____ Print Full Name: _____

Address: _____ Address: _____

City / State / Zip: _____ City / State / Zip: _____

Acknowledgment: (Notarize if required by State Law)

State of: _____ County of: _____

On this date _____ before me personally appeared _____

to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that (she/he) _____ executed the same as (her/his) _____ free act and deed.

(Notary Public) _____ My commission expires: _____

POWER OF ATTORNEY

BANKING / FINANCIAL

_____, the "principal," of _____, _____, herewith appoints _____ of _____, as their attorney in fact, to act in the place and stead and with the same authority as Principal would have to do the following acts:

To conduct any and all business regarding my deposit accounts, loans, safe deposit box, or other banking business in regard to the _____, of _____. This power shall specifically include, but is not limited to the right to deposit, withdraw, sign checks or drafts, make stop payment orders, and to conduct any banking transactions necessary or possible in regard to my banking relationship with the _____.

To execute a deed or other instrument of conveyance conveying my interest in the following real property:

To examine and to order copies of any and all of my educational records, including both financial and student loan and health related records, at the following college, school or other educational institution:

_____ of _____ and any branches thereof.

To represent me before the Internal Revenue Service in regard to the following taxable years and returns:

Forms: _____ Years: _____

This power of attorney shall be in effect from _____ to _____.

_____, As Principal

STATE OF _____
COUNTY OF _____

_____ personally appeared before me and acknowledged the execution of this power of attorney for the purposes set forth therein.

Dated: _____

Notary Public

SPECIAL POWER OF ATTORNEY - SIGN CHECKS

_____, referred to as PRINCIPAL, appoints _____, referred to as ATTORNEY, to be my lawful Attorney for me and in my place, to ask, demand, levy, require, and to sign and endorse checks, drafts, bills and notes in my name and in my stead and to be a lawful signatory on any account in my name in any bank or trust company including but not limited to my account at _____, account _____ and to conduct such other banking transactions as may be possible under the rules of any such bank.

The expiration date for this power shall be _____.

Dated: _____

Sworn to and subscribed before me on _____.

Notary Public

My commission expires: _____

REVOCATION OF POWER OF ATTORNEY

I, _____, herewith:

revoke that certain power of attorney, dated _____, 19____, naming _____ as my attorney in fact.

Dated: _____

Witnesses:
