

# DURABLE POWER OF ATTORNEY

State of [STATE]

This Durable Power of Attorney (this "Instrument") is executed effective by [PRINCIPAL NAME], of [PRINCIPAL ADDRESS], born (the "Principal").

## 1. Designation of Agent

The Principal appoints [AGENT NAME], of [AGENT ADDRESS], as attorney-in-fact (the "Agent").

## 2. DURABILITY

**THIS POWER OF ATTORNEY IS DURABLE.** Pursuant to UPOAA §104 and corresponding [STATE] statute, the Agent's authority shall **not** be affected by the Principal's later disability or incapacity, and shall continue until the Principal's death or written revocation during a period of capacity.

## 3. Broad Grant of Authority

The Principal grants the Agent full authority to act in all matters in which the Principal could lawfully act, including: real and personal property; banking and brokerage; investments and securities; insurance and annuities; business operations; estates, trusts, and beneficial interests; claims and litigation; tax matters (federal, state, and local); government benefits; retirement plans; and personal and family maintenance.

## 4. Fiduciary Duties

The Agent shall act loyally, in good faith, with care and competence, in accordance with the Principal's reasonable expectations and best interest, keep records, and account on demand.

## 5. Compensation

No compensation; reimbursement of expenses only.

## 6. Third-Party Reliance; Revocation; Termination

Third parties acting in good-faith reliance are protected (UPOAA §119). The Principal may revoke at any time during capacity by written notice. Terminates on revocation, death, or accomplishment of purpose.

## 7. General Provisions

Governed by [STATE] law. Severable. Liberally construed. Photocopies effective as originals.

**Signature of Principal**

**Principal**

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Acceptance by Agent**

**Agent**

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE