

# SPRINGING POWER OF ATTORNEY

State of [STATE]

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

## 1. Designation of Agent

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

## 2. SPRINGING EFFECTIVENESS

This Power of Attorney is **springing**: the Agent's authority shall **NOT** be effective upon execution. Instead, it shall **spring into effect** only upon the disability or incapacity of the Principal, as certified in writing by two (2) licensed physicians, each having personally examined the Principal.

### Form of Physician Certification

*I, \_\_\_\_\_, M.D./D.O., licensed in the State of [STATE] (License No. \_\_\_\_\_), certify that I personally examined [PRINCIPAL NAME] on \_\_\_\_\_, 20\_\_\_\_, and that the Principal is presently unable to manage his/her affairs by reason of physical or mental impairment. Executed under penalty of perjury.*

## 3. Durability After Springing

Once sprung, this Instrument is **durable** and shall continue notwithstanding any continued or fluctuating incapacity, until the Principal's death or written revocation during a period of capacity.

## 4. Grant of Authority

Upon springing into effect, the Agent shall have broad authority over the Principal's financial affairs, including real and personal property, banking, investments, business operations, insurance, claims, taxes, government benefits, and personal/family maintenance, per UPOAA §201.

## 5. Conclusive Reliance by Third Parties

Third parties may rely conclusively on the attached physician certification(s) and this Instrument without further inquiry, and are protected per UPOAA §119.

## 6. Compensation; Termination

No compensation; expenses only. Terminates on revocation, death, or accomplishment of purpose.

## 7. Governing Law

Governed by [STATE] law.

### Signature of Principal

**Principal**

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

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE

### Acceptance by Agent

**Agent**

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

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE