

**DURABLE POWER OF ATTORNEY**

This document shall be construed and interpreted as a general durable power of attorney and my Attorney-in-fact shall have full authority to act on my behalf in relation to all of my affairs.

I \_\_\_\_\_, (the "Principal") voluntarily appoint \_\_\_\_\_ as my Attorney-in-fact. My Attorney-in-fact is authorized to act for me in all matters related to my health care, finances, personal services, general health, safety, and well-being; including but not limited to the following:

(Initial)

\_\_\_\_\_ To make all healthcare decisions that are in my best interest or in accordance with previously expressed preferences; to employ, or contract with any personal companions or health care providers involved in my healthcare; and to admit or discharge me from any hospital or healthcare facility; to have access to my records, including any and all medical or medical-related records concerning my condition and associated with any service providers; and to discuss and manage any healthcare-related matters with any and all providers that are connected to my healthcare or healthcare-related services.

\_\_\_\_\_ To manage all of my financial accounts, and to conduct any business with respect to any of my accounts, including, but not limited to, making deposits and withdrawals; negotiating or endorsing any checks or other instruments with respect to any such accounts; obtaining bank statements; passbook; drafts; money orders; warrants; and certificates or vouchers payable to me by any person, firm, corporation, and government entity; and to perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft.

\_\_\_\_\_ To decide and manage those services and endeavors that I am currently receiving or that are being considered for my future involvement; to secure any activities that I may enjoy; and ensure that I am participating in regular, meaningful, and enjoyable pursuits for as long as I am able and desire. My Attorney-in-fact will discuss with me any decisions related to my socialization and community participation and will consider my wishes to partake as part of the final decision-making process for such.

This Durable Power of Attorney will not be affected by my disability or incapacity, however, may be terminated by my written revocation or by my death.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Principal Signature)

\_\_\_\_\_  
(Principal Street Address)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Principal City, County, State, Zip)

\_\_\_\_\_  
(Attorney)-in-fact Signature)

\_\_\_\_\_  
(Attorney-in-fact Street Address)

\_\_\_\_\_  
(Attorney-in-fact Printed Name)

\_\_\_\_\_  
(Attorney-in-fact City, County, State, Zip)

**NOTARY ACKNOWLEDGMENT**

\_\_\_\_\_  
(Notary Public)

My Commission expires \_\_\_\_\_.