POWER OF ATTORNEY

State of: _____

KNOW ALL PERSONS BY THESE PRESENTS:

That I/We, the undersigned Principal(s), residing at the address set forth below, hereby appoint the Attorney-in-Fact named below, with full power and authority to act in my/our name, place, and stead in any way which I/we could do if personally present, to the extent permitted by law.

Principal Information:

Full Legal Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Attorney-in-Fact Information:

Full Legal Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Grant of General Authority:

I/We grant the Attorney-in-Fact full power and authority to act on behalf of the Principal(s) in all matters, including but not limited to financial, legal, business, personal, and real property matters, as allowed under the laws of the United States and applicable state statutes.

Special Instructions (if any):

_____

_____

Effective Date and Duration:

~~This Power of Attorney is effective immediately and shall remain in effect until revoked by me/us in writing or as~~ otherwise provided by law.

Revocation:

This Power of Attorney may be revoked at any time by providing written notice of revocation to the Attorney-in-Fact and any third parties relying on this Power of Attorney.

Reliance and Indemnity:

Third parties may rely upon the representations of the Attorney-in-Fact as to all matters regarding powers granted hereunder. The Principal(s) shall indemnify and hold harmless any third party who acts in reliance on this Power of Attorney.

Governing Law:

This Power of Attorney shall be governed by and construed in accordance with the laws of the applicable state within the United States, excluding its conflict of law principles.

Severability:

If any provision of this Power of Attorney is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

PRINCIPAL'S SIGNATURE	**ATTORNEY-IN-FACT'S SIGNATURE**
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____

NOTARY ACKNOWLEDGMENT

State of _____, County of _____,

Subscribed, sworn to and acknowledged before me by the Principal(s) and the Attorney-in-Fact named herein on this _____ day of __

Notary Public Signature: _____

My Commission Expires: _____

Notary Seal:

Original source of this document:

https://docs-professionals.com/power-of-attorney-template/

Did you find this template helpful?

Find more updated templates at:

https://docs-professionals.com/

View more templates

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.