

VIRGINIA POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

That I, the undersigned Principal, residing at

_____, do hereby appoint

_____, whose address is

_____, as my true and lawful

Attorney-in-Fact (Agent) to act in my name, place, and stead in any way which I myself could do, if I were personally present, to the extent permitted by law.

GRANT OF GENERAL AUTHORITY:

My Agent shall have full power and authority to act for me and in my name in all matters, including, but not limited to, the following specific powers. This power of attorney shall be construed broadly as a general power of attorney.

Specific Powers of Attorney:

- Real Property Transactions
- Tangible Personal Property Transactions
- Stock and Bond Transactions
- Banking and Other Financial Institution Transactions
- Business Operating Transactions
- Insurance Transactions
- Estate, Trust, and Other Beneficiary Transactions
- Claims and Litigation
- Personal and Family Maintenance
- Benefits from Social Security, Medicare, Medicaid, or other governmental programs
- Retirement Plan Transactions
- Tax Matters

EFFECTIVE TIME AND TERMINATION:

This power of attorney shall become effective immediately upon execution and shall remain in effect until revoked by me in writing or until my death. This power of attorney shall not be affected by my subsequent disability or incapacity.

REVOCATION OF PRIOR POWERS OF ATTORNEY:

I hereby revoke any prior durable power of attorney executed by me before the date hereof.

RELIANCE ON THIS POWER OF ATTORNEY:

Any person, including my Agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

NOMINATION OF GUARDIAN:

In the event a court decides that it is necessary to appoint a guardian of my estate or person, I nominate my Agent named above.

GOVERNING LAW:

This power of attorney is governed by the laws of the Commonwealth of Virginia.

IN WITNESS WHEREOF, I have executed this Power of Attorney on the date indicated below.

PRINCIPAL:

Signature: _____

Printed Name: _____

Address: _____

Date: _____

AGENT:

Signature: _____

Printed Name: _____

Address: _____

Date: _____

NOTARY ACKNOWLEDGMENT:

State/Commonwealth of Virginia County of _____ Subscribed, sworn to, and
acknowledged before me by _____, the Principal, and
acknowledged before me by _____, the Agent, this _____
day of _____, 20____. _____ Notary Public Signature
My commission expires: _____

PRINCIPAL SIGNATURE

AGENT SIGNATURE

Signature: _____

Signature: _____

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