

# POWER OF ATTORNEY LETTER

State of: \_\_\_\_\_ County of: \_\_\_\_\_

## Principal Information:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Attorney-in-Fact Information:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Grant of Authority:

I, the undersigned Principal, hereby appoint the Attorney-in-Fact named above to act in my name, place, and stead in any way which I myself could do if personally present, to the fullest extent permitted by law, including but not limited to the following powers:

- To manage, sell, lease, and encumber real and personal property;
- To conduct banking transactions, including deposits, withdrawals, and signing checks;
- To prepare, sign, and file tax returns and related documents;
- To make health care decisions and authorize medical treatments;
- To execute contracts, agreements, and documents relating to my affairs;
- To engage attorneys, accountants, and other professionals as needed;
- To represent me before governmental agencies and other authorities;
- To perform all acts necessary or convenient for the effective exercise of these powers.

## Effective Date and Duration:

This Power of Attorney shall become effective immediately upon execution and shall remain in full force and effect until revoked by me in writing.

## Revocation:

I reserve the right to revoke this Power of Attorney at any time by providing written notice to my Attorney-in-Fact. Such revocation shall not affect any actions taken by my Attorney-in-Fact prior to receipt of the revocation.

## Governing Law:

This Power of Attorney shall be governed by, and construed in accordance with, the laws of the United States of America and the applicable laws of the state in which it is executed.

## Principal's Signature:

\_\_\_\_\_  
Signature of Principal

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_

Notary Seal:

**Principal's Signature**

**Attorney-in-Fact's Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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