**SAMPLE POWER OF ATTORNEY LETTER**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Principal's name)
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Principal's address),
being of sound mind and legal capacity, do hereby appoint
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Agent's name)
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Agent's address),
as my true and lawful attorney in fact, to act for me in my name, place, and stead, and on my behalf to do and perform the following:

*(List agent's powers here, such as the power to buy or sell stock or real estate, write checks, etc.)*
2. The following property, interests, or rights shall be subject to this Power of Attorney:

*(Identify assets subject to agent's authority.)*
3. This Power of Attorney shall be effective on the date of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.
4. This Power of Attorney shall remain in effect in the event that I should become or be declared disabled, incapacitated, or incompetent.
5. This Power of Attorney shall terminate on the date of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, unless I have revoked it sooner. I may revoke this Power of Attorney at any time and in any manner.
6. My agent shall be paid compensation for services pursuant to this Power of Attorney as follows:

*(Identify compensation agent will receive, if any.)*
7. This Power of Attorney shall be governed by the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In Witness Whereof, I have signed this Power of Attorney of my own free will.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Principal's Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

Agreed to and Accepted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Agent's Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Notary