

State of Georgia

GEORGIA DURABLE POWER OF ATTORNEY

State of Georgia

County of _____

This power of attorney authorizes another person(s) (your agent(s)) to make decisions concerning your property for you (the principal). Your agent(s) will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in O.C.G.A. Chapter 6B of Title 10.

This power of attorney does not authorize the agent(s) to make health care decisions for you.

You should select someone you trust to serve as your agent(s). Unless you specify otherwise in the Special Instructions, generally the agent's authority will continue until you die or revoke the power of attorney or the agent(s) resigns or is unable to act for you.

Your agent(s) is not entitled to any compensation unless you state otherwise in the Special Instructions. Your agent(s) shall be entitled to reimbursement of reasonable expenses incurred in performing the acts required by you in your power of attorney.

This form provides for the designation of two agents. If you wish to name more than two agents, you may name the additional agents in the Special Instructions. Coagents will not be required to act together unless you include that requirement.

If your agent(s) is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

If you have questions about the power of attorney or the authority you are granting to your agent(s), you should seek legal advice before signing this form.

DESIGNATION OF AGENT(S)

I _____ [Name of Principal] name the following person(s) as my agent(s):

Name of agent: _____

Agent's address: _____

Agent's telephone number: _____

Agent's email address: _____

(If applicable)

Name of co-agent: _____

Co-agent's address: _____

Co-agent's telephone number: _____

Co-agent's email address: _____

Agents I designated above must act jointly separately.



DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: _____
Successor agent's address: _____
Successor agent's telephone number: _____
Successor agent's email address: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of second successor agent: _____
Second successor agent's address: _____
Second successor agent's telephone number: _____
Second successor agent's email address: _____

GRANT OF GENERAL AUTHORITY

I grant my agent(s) and any successor agent(s) general authority to act for me with respect to the following subjects as defined in O.C.G.A. Chapter 6B of Title 10:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects, you may initial 'all preceding subjects' instead of initialing each subject.)

- Real property
- Tangible personal property
- Stocks and bonds
- Commodities and options
- Banks and other financial institutions
- Operation of entity or business
- Insurance and annuities
- Estates, trusts, and other beneficial interests
- Claims and litigation
- Personal and family maintenance
- Benefits from governmental programs or civil or military service
- Retirement plans
- Taxes
- All preceding subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent(s) SHALL NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent(s) the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent(s). You should give your agent(s) specific instructions in the Special Instructions when you authorize your agent(s) to make gifts.)

- Create, fund, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of O.C.G.A. § 10-6B-56 and any Special Instructions in this power of attorney
- Create or change rights of survivorship
- Create or change a beneficiary designation



- Authorize another person to exercise the authority granted under this power of attorney
- Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- Exercise authority over the content of electronic communications sent or received by the principal
- Exercise fiduciary powers that the principal has authority to delegate and that are expressly and clearly identified (including the persons for which the principal acts as a fiduciary) in the Special Instructions
- Renounce an interest in property, including a power of appointment

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant SHALL NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines (you may add lines or place your special instructions in a separate document and attach it to the power of attorney):

EFFECTIVE DATE

- This power of attorney is effective immediately.
- This power of attorney is effective upon the incapacity of the principal.
- This power of attorney is effective on _____, 20 _____.
- This power of attorney is effective upon the occurrence of the following future event or contingency:
_____.

TERMINATION

This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.

NOMINATION OF CONSERVATOR (OPTIONAL)

If it becomes necessary for a court to appoint a conservator of my estate, I nominate the following person(s) for appointment:

Name of Nominee for conservator or guardian of my estate: _____
 Nominee's address: _____
 Nominee's telephone number: _____
 Nominee's e-mail address: _____



RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent(s), may rely upon the validity of this power of attorney or a copy of it unless that person has actual knowledge it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT OF PRINCIPAL

Principal Signature: _____ Date: _____

(If applicable)

by:

Representative's Name Printed: _____

Representative's Signature _____

signing on behalf of:

Principal Name Printed:

Principal Address:

Principal Telephone Number:

This document was signed or acknowledged in my presence on

_____ by _____
Date Name of principal/representative

Witness's signature **Witness's** name

Witness's address

City State

Witness's telephone number **Witness's** e-mail address

NOTARY PUBLIC

State of _____



County of _____

This document was signed or acknowledged in my presence on this _____ day of _____, 2_____.

by _____

Signature of Notary

(Seal, if any)

My commission expires: _____

This document prepared by: _____

IMPORTANT INFORMATION FOR AGENT(S)

Agent's Duties:

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) Act in good faith;
- (3) Do nothing beyond the authority granted in this power of attorney; and
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's name) by (Your signature) as Agent.

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) Act loyally for the principal's benefit;
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) Act with care, competence, and diligence;
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority



You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) Death of the principal;
- (2) The principal's revocation of your authority or the power of attorney;
- (3) The occurrence of a termination event stated in the power of attorney;
- (4) The purpose of the power of attorney is fully accomplished; or
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

Liability of Agent(s)

The meaning of the authority granted to you is defined in the Official Code of Georgia Annotated Chapter 6B of Title 10. If you violate the Official Code of Georgia Annotated Chapter 6B or Title 10 or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of _____
County of _____

I, _____ [Name of Agent], certify under penalty of perjury that _____ [Name of Principal] granted me authority as an agent or successor agent in a power of attorney dated _____.

I, further certify that to my knowledge:

- (1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;
- (2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and
- (4) _____ [Insert other relevant statements]

(If applicable)

State of _____



County of _____

I, _____ [Name of Co-agent], certify under penalty of perjury that
_____ [Name of Principal] granted me authority as an agent or successor
agent in a power of attorney dated _____.

I, further [certify] that to my knowledge:

(1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(4) _____
_____ [Insert other relevant statements]

SIGNATURE AND ACKNOWLEDGMENT OF AGENT(S)

Agent's Signature: _____

Date: _____

Agent's Name Printed:

Agent's Address: _____

Agent's Telephone Number: _____

(If applicable)

Co-agent's Signature _____

Date _____

Co-agent's Name Printed:

Co-agent's Address: _____

Co-agent's Telephone Number: _____

NOTARY PUBLIC

State of _____

County of _____

This document was signed or acknowledged in my presence on this _____ day of _____, 2____.



by _____

Signature of Notary

(Seal, if any)

My commission expires: _____

This document prepared by: _____

(If applicable)

State of _____

County of _____

This document was signed or acknowledged in my presence on this _____ day of _____, 2____.

by _____

Signature of Notary

(Seal, if any)

My commission expires: _____

This document prepared by: _____

