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Legal Forms & Services

FirstName LastName

ARIZONA
POWER OF ATTORNEY

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The answers you provide in the questionnaire are incorporated in this document at your direction. The form was developed by attorneys based on the laws of your state. You are responsible for finalizing the document and having it reviewed by an attorney.

Finalizing a Power of Attorney in Arizona

After printing your document, you will need to finalize it. Below are the steps:

1. Print out your document
2. Review, initial, sign, and date in front of a notary and a witness
3. Have witness sign and date in front of notary
4. Have notary sign and date
5. Keep document in a safe place

Notice: Some state laws require the principal to initial or sign next to the powers they have granted in order for that power to be effective. To make sure you have initialed and/or signed in the correct places, you should review your form and your state's laws on powers of attorney requirements.

In addition, your agent may be required to verify their authority with a certification or affidavit, or provide specimen signatures before a party will honor your power of attorney.

**ARIZONA POWER OF ATTORNEY
OF FirstName LastName**

TO THE PRINCIPAL: IMPORTANT INFORMATION TO READ BEFORE YOU BEGIN

You should choose someone you trust to serve as your agent under this Power of Attorney. All acts done by your agent using this Power of Attorney while you are disabled or incapacitated will have the same effect as if you had taken the action yourself.

This power of attorney gives the person(s) you name as your agent(s) in this document the power to make decisions about and take actions involving your property (including your money) for you, the principal, even if you are able to decide and act for yourself UNLESS you state in this document that the agent(s) may only decide and act for you when you are not able to decide and act for yourself.

This power of attorney does not grant to the person(s) you name as your agent(s) in this document to make health care decisions for you.

If you state in this document that it is your intent to create a power of attorney that is durable, the person you name as your agent in this document will be allowed to make decisions about and take actions involving your property (including your money) for you until (1) you die, (2) you revoke this Power of Attorney, (3) the agent resigns, or (4) the agent is unable to act for you. You can limit the conditions under which this power of attorney ends in the Effective Date Section.

If this Power of Attorney is signed and notarized while you are outside the State of Arizona, you must make sure that you have followed all requirements for executing Powers of Attorney in the state where this form is to be signed and notarized.

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

DESIGNATION OF AGENT

I, FirstName LastName, name the following person as my agent:

Name: FirstName LastName
Address: 666 Street Address, City, Arizona 12345
Phone: 1111111111

DESIGNATION OF SUCCESSOR AGENT(S)

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

Name: FirstName LastName
Address: 777 Street Address, City, Arizona 12345
Phone: 2222222222

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

I choose not to name a second successor agent at this time.

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects I have INITIALED:

- _____ 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

GRANT OF SPECIFIC AUTHORITY

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

- _____ Create, fund, amend, revoke, or terminate an inter vivos trust
- _____ Make a gift
- _____ Create or change rights of survivorship
- _____ Create or change a beneficiary designation
- _____ Delegate authority granted under the 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 fiduciary powers that the principal has authority to delegate
- _____ Renounce or disclaim an interest in property, including a power of appointment

LIMITATION ON AGENT'S AUTHORITY

My agent is permitted to use my property to benefit the agent or a person to whom the agent owes an obligation of support.

EFFECTIVE DATE

This power of attorney is effective immediately and shall not be affected by subsequent disability or incapacity of the principal or lapse of time.

SPECIAL INSTRUCTIONS

Revocation. All my previously executed powers of attorney are hereby revoked.

Compensation. My agent may be reasonably compensated for actions taken pursuant to this power of attorney.

Special Instructions. I leave the following special instructions for my agent: I have no special instructions at this time.

NOMINATION OF CONSERVATOR AND/OR GUARDIAN

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

Name: FirstName LastName
 Address: 111 Street Address, City, Arizona 12345
 Phone: 1111111111

If it becomes necessary for a court to appoint a guardian of my person, I nominate the following person for appointment:

Name: FirstName LastName
Address: 111 Street Address, City, Arizona 12345
Phone: 1111111111

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 has actual knowledge it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

I, FirstName LastName, the Principal, sign my name to this power of attorney on this _____ day of _____, 20___, and being first duly sworn, do declare and affirm to the undersigned authority that:

- (1) I sign, execute and initial (if applicable) this instrument as my intended power of attorney and that I sign it willingly, or willingly direct another to sign and initial (if applicable) for me,
- (2) that I execute this document as my free and voluntary act for the purposes expressed in this power of attorney, and
- (3) I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

FirstName LastName (Date)

111 Street Address, City, Arizona 12345
1111111111
emailaddress@email.com

WITNESS SIGNATURE:

I, _____, the Witness, sign my name to the foregoing power of attorney on this ___ day of _____, 20___, and being first duly sworn and do declare to the undersigned authority that

- (1) I am not the principal’s named agent or successor agent, the principal’s agent's or successor agent’s spouse, one of the principal’s agent's or successor agent’s children, or the notary public,
- (2) the principal signs, executes and initials (if applicable) this instrument as the principal's power of attorney and that the principal signs it willingly, or willingly directs another to sign and initial (if applicable) for the principal,
- (3) I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing, and
- (4) That to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Witness

NOTARY CERTIFICATION, UNDER OFFICIAL SEAL:

State of _____
County of _____

Subscribed, sworn to, and acknowledged before me by **FirstName LastName**, the Principal, and subscribed and sworn to before me by _____ the Witness, this ___ day of _____, 20___.

Notary Public

(Notary Seal)

IMPORTANT INFORMATION FOR MY AGENT

To my named agent(s):

Please read all of the following carefully and provide a specimen signature (sign your name as you would any legal document and as you will sign any necessary and appropriate documents while serving as my Attorney-in-Fact) on the line below that corresponds to your role under this power of attorney.

1. DO NOT take any actions under this power of attorney if you have intimidated or deceived the Principal into signing this power of attorney giving you authority to act on her/his/their behalf. If you do, Arizona law provides that you are criminal liable to the Principal under title 13 of Arizona Revised Statutes and subject to civil penalties identified in Ariz. Rev. Stat. § 46-456.

2. Be further advised that recent changes to ARS 14-5506, a statute which governs the exercise of powers of attorney, make clear that an agent may not receive any benefits from the principal unless those benefits are specifically identified in detail within this instrument or within a written contract and initialed by the Principal.

3. If you take actions not properly authorized under Arizona law, you as the agent could be subject to criminal prosecution or subject to penalty provisions of ARS 46-456. Penalties imposed may include the loss of an agent's right to inherit from the principal and payment of treble damages and attorneys' fees. You should carefully review these statutes or consult with a knowledgeable attorney before exercising the authority granted by this power of attorney.

4. When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the Principal under which you undertake legal duties that continue until you resign or the power of attorney is terminated or revoked. As the Principal's Attorney-in-Fact, you must:

- A. Do what you know the Principal reasonably expects you to do with the Principal's property.
- B. If you do not know what the Principal reasonably expects you to do, act in the Principal's best interest.
- C. Take actions using this power of attorney in good faith.
- D. Do nothing that exceeds the authority granted to you in this power of attorney.
- E. Tell people with whom you are interacting on the Principal's behalf that you acting as the Principal's agent by writing or printing the name of the principal and signing your own name as "agent" as follows:

Signed:

FirstName LastName by (Your Name) as Attorney-in-Fact

F. Except as otherwise allowed in the Special Instructions section of this power of attorney, you must also:

- i. Act loyally for the Principal's benefit,
- ii. Avoid conflicts that would impair your ability to act in the principal's best interest,
- iii. Act with care, competence, and diligence in making financial decisions for the Principal and in handling and/or managing the Principal's property and financial affairs,
- iv. Keep a record of all receipts, disbursements, and transactions you make on behalf of the Principal,
- v. Cooperate with any person given 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
- vi. Act and 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.

5. If, after this power of attorney is fully executed, a court of the Principal's domicile appoints a conservator or other fiduciary charged with the management of all of the Principal's property or all of the Principal's property except for specified exclusions, you are accountable to the court appointed fiduciary as well as to the Principal. You should also understand that the court appointed fiduciary has

the same power to revoke or amend this power of attorney that the Principal would have if the Principal were not a person with a disability or incapacitated.

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

- A. The Principal's Death,
- B. A written revocation of this power of attorney or your authority signed by the Principal,
- C. Occurrence of a termination event stated in this power of attorney,
- D. The purpose of this power of attorney is fully accomplished, or
- E. You are no longer able, for physical or other reasons, to properly fulfill your duties under this power of attorney.

7. If you are unwilling or unable to exercise the authority granted to you under this power of attorney, you should notify the Principal (and anyone identified by the Principal to receive such information) of this fact as soon as possible so a Successor Agent can assume responsibility for making financial decisions for the Principal and for managing the Principal's financial affairs.

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

Specimen Signatures (To be Completed by Agent(s))

Named Agent: _____
(Signature)

Printed Name: _____
(Please print legibly)

First Successor Agent: _____
(Signature)

Printed Name: _____
(Please print legibly)