



FindLaw[®]

Legal Forms & Services

FirstName LastName

FLORIDA
POWER OF ATTORNEY

DISCLAIMER:

You use FindLaw's self-help services, forms, and information under your own direction and at your own risk. FindLaw and its affiliates are not a law firm or a substitute for an attorney or law firm and do not represent you or provide legal advice on any matter. The use of FindLaw's self-help services does not create any attorney-client relationship. Communication between you and FindLaw is not protected by attorney-client privilege or as a work product. If you need legal advice or representation, please seek the assistance of an experienced attorney.

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 Florida

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 two witnesses
3. Have two witnesses sign and date
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.

**FLORIDA GENERAL DURABLE POWER OF ATTORNEY
OF FirstName LastName**

NOTICE TO THIRD PARTIES: YOUR UNREASONABLE REFUSAL TO ALLOW THE AGENT TO ACT PURSUANT TO THIS DOCUMENT MAY SUBJECT YOU TO LIABILITY FOR DAMAGES AND COSTS, INCLUDING ATTORNEYS FEES, PURSUANT TO FLORIDA STATUTE SECTION 709.2101, et seq.

I, FirstName LastName, currently residing at 111 Street Address, City, Florida 12345, appoint the following person as my agent:

Name: FirstName LastName
Address: 333 Street Address, City, Florida 12345
Phone: 1111111111

If my agent is unable or unwilling for any reason to act, I appoint the following person as my successor agent:

Name: FirstName LastName
Address: 444 Street Address, City, Florida 12345
Phone: 1111111111

ARTICLE I

I give to my agent full power and authority to act for me in any lawful way with respect to the following powers I have initialed.

___ **MANAGEMENT AND CARE.** To pay my bills and to pay for all things necessary for my physical care, protection, and well-being and for that of my property;

___ **BANKING AND OTHER FINANCIAL INSTITUTION TRANSACTIONS.** Regarding banking and other financial institution transactions, my agent shall have the authority to conduct banking transactions as provided in section 709.2208(1) of the Florida Statutes;

___ **INVESTMENT TRANSACTIONS.** Regarding stock and bond transactions, my agent shall have the authority to conduct investment transactions as provided in section 709.2208(2) of the Florida Statutes;

___ **TANGIBLE OR INTANGIBLE PROPERTY TRANSACTIONS.** To buy, sell, acquire, pledge, endorse, lease, deal in, cancel, modify, maintain, acquire or dispose of tangible or intangible property;

REAL PROPERTY TRANSACTIONS. To buy, sell, acquire, pledge, endorse, lease, deal in, cancel, modify, maintain, mortgage, acquire or dispose of any interest in property owned by me, including without limitation, my interest in all real property, including homestead real property, and all property held in any type of joint tenancy, and all property over which I hold any power of appointment; however, if I am married, my agent may not convey or mortgage homestead property without joinder of my spouse or my spouse's legal guardian or agent; to manage property; to repair, renovate, improve, alter, remodel, tear down or erect any structure or building or other; to alter boundaries and subdivide and partition real property; to file documents as required or requested by any government or other authority; to foreclose any mortgage, and all other statutory and contractual rights or elections, including but not limited to, any rights or elections in any probate or other proceeding to which I am or may become entitled;

INSURANCE. To purchase, pay the premiums on, exercise my rights to elect options, and borrow against any life, casualty, disability, health or accident insurance; my agent, however, is not authorized to change the ownership or beneficiary of any current life insurance policy;

MAIL. To receive and open my mail, change my mailing address and otherwise handle or represent me in any matter concerning the US Postal Service;

BUSINESS OPERATIONS. To conduct the affairs of any business entity which I am now or have been engaged; to exercise all rights and options in any business entity or which I am now and have been engaged or interested or with respect to any trust in which I have an interest; to continue, modify, renegotiate, extend and terminate contracts; to demand, receive, control and disburse money claimed by me or on my behalf; to defend, arbitrate, settle or compromise a legal proceeding to which I am a party; participate in any type of liquidation or reorganization of any enterprise;

BORROW. To borrow money and to otherwise incur or guarantee indebtedness for which I will be liable and to secure any such indebtedness by mortgage or other security interests encumbering my assets;

CLAIMS AND LAWSUITS. To initiate, prosecute, defend, continue or settle lawsuits on my behalf; to sue in my name and on my behalf for the recovery of any money or payments due or to become due to me; to collect on any judgments recovered by me; and to execute satisfactions of the same;

GOVERNMENT AGENCIES. To file tax returns, including a joint tax return with my spouse; to endorse for deposit in any account any payments or refunds I receive from any branch or department of the United States or other government agency; to represent me before any office of the Internal Revenue Service or any state agency; prepare and sign any tax return on my behalf; receive confidential information regarding tax periods for all periods, whether before or after the execution of this instrument and to make any tax elections on my behalf;

FAMILY SUPPORT AND ELECTIVE SHARE. To expend and to distribute income or principal for the benefit of my spouse and dependents; to exercise my right of elective share, or

waive and create any trust to receive said share; to claim an elective share of the estate of my deceased spouse;

RETIREMENT PLAN TRANSACTIONS. To contribute to, withdraw from and deposit funds in any type of retirement plan, pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employee benefit plan); select and change payment options for the principal under any retirement plan; make rollover contributions from any retirement plan to other retirement plans or individual retirement accounts; exercise all investment powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances which the principal could if present and under no disability.

ARTICLE II

Limitations. Notwithstanding the provisions of Article I, my agent may not:

- (1) Perform duties under a contract that requires the exercise of personal services of the principal;
- (2) Make any affidavit as to the personal knowledge of the principal;
- (3) Vote in any public election on behalf of the principal;
- (4) Execute or revoke any will or codicil for the principal; or
- (5) Exercise powers and authority granted to the principal as trustee or as court-appointed fiduciary.

ARTICLE III

I give to my agent full power and authority to act for me in any lawful way with respect to the following specific powers I have initialed.

Create an inter vivos trust;

Amend, modify, revoke, or terminate a trust created by or on behalf of me but only if the trust instrument explicitly provides for amendment, modification, revocation, or termination by the settlor's agent;

Make a gift, subject to section 709.2202(4) of the Florida Statutes;

Create or change rights of survivorship;

Create or change a beneficiary designation;

Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan; or

Disclaim property and powers of appointment.

ARTICLE IV

Nomination of Conservator or Guardian of My Estate.

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

Name: FirstName LastName
Address: 222 Street Address, City, Florida 12345
Phone: 1111111111

Nomination of Guardian of My Person.

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: 333 Street Address, City, Florida 12345
Phone: 1111111111

ARTICLE V

Effective Date. This durable power of attorney is effective immediately and not affected by my incapacity or disability.

ARTICLE VI

1. **Headings.** The headings used herein are intended solely for use as reference and are not intended to be a part of this durable power of attorney.

2. **Standard of Care.** An agent is a fiduciary who must observe the standards of care applicable to trustees as described in section 736.0901, of the Florida Statutes. The agent is not liable to third parties for any act pursuant to the durable power of attorney if the act was authorized at the time. If the exercise of the power is improper, the agent is liable to interested persons as described in section 731.201, of the Florida Statutes, for damage or loss resulting from a breach of fiduciary duty by the agent to the same extent as the trustee of an express trust.

3. **Third Party Reliance.** Any third party may rely upon the authority granted in my durable power of attorney until the third party receives notice of its revocation. No third party relying on this power will be liable for any losses, damages or claims cause by compliance with this action requested by my agent, unless that third party has actual knowledge of my death or the revocation of this power.

4. **Damages and Costs.** In any judicial action under this section, including, but not limited to, the unreasonable refusal of a third party to allow an agent to act pursuant to the power, and challenges to the proper exercise of authority by the agent, the prevailing party is entitled to damages and costs, including reasonable attorney's fees.
5. **Partial Invalidity.** If any provision of this section or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this section which can be given effect without the invalid provision or application and to this end the provisions of this section are severable.
6. **Governing Law.** This instrument is executed and delivered in the State of Florida and the laws of the State of Florida shall govern all questions as to the validity of this power and the construction of this provision. It is my intention that this durable power of attorney shall also be exercisable in any other state or jurisdiction where I may have property or interest in property.

I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DURABLE POWER OF ATTORNEY AND SIGN IT AFTER CAREFUL DELIBERATION THIS _____ DAY OF _____, 20____.

Signature of FirstName LastName, Principal

This instrument was witnessed by us in the presence of the declarant.

Witness Signature

Printed Name: _____

Address: _____

Witness Signature

Printed Name: _____

Address: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____

County of _____

Acknowledged and subscribed before me by means of physical presence or online notarization by **FirstName LastName**, the Principal who is personally known to me or has produced _____ as identification on this ____ day of _____, 20 ____.

(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)

FLORIDA AFFIDAVIT OF AGENT

State of _____

County of _____

Before me, the undersigned authority, personally appeared _____
(Agent) (“Affiant”) by the means specified herein, who swore or affirmed that:

1. Affiant is the agent named in the Power of Attorney executed by FirstName LastName
(“Principal”) on _____ (POA Date).

2. This Power of Attorney is currently exercisable by Affiant. The Principal is domiciled in
_____ (Principal’s state, territory, or foreign country).

3. To the best of Affiant’s knowledge after diligent search and inquiry:

a. The Principal is not deceased;

b. Affiant’s authority has not been suspended by initiation of proceedings to determine
incapacity or to appoint a guardian or a guardian advocate;

c. Affiant’s authority has not been terminated by the filing of an action for dissolution or
annulment of Affiant’s marriage to the Principal, or their legal separation; and

d. There has been no revocation, or partial or complete termination, of the power of attorney
or of Affiant’s authority.

4. Affiant is acting within the scope of authority granted in the power of attorney.

5. Affiant is the successor to _____ (insert name of predecessor agent, if
applicable), who has resigned, died, become incapacitated, is no longer qualified to serve, has
declined to serve as agent, or is otherwise unable to act, if applicable.

6. Affiant agrees not to exercise any powers granted by the power of attorney if Affiant attains
knowledge that the power of attorney has been revoked, has been partially or completely
terminated or suspended, or is no longer valid because of the death or adjudication of incapacity
of the Principal.

Agent Signature

Date

Agent Name Printed

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization this ____ day of _____, 20____, by _____ (Name of person making statement) who is personally known to me or has produced _____ as identification on this ____ day of _____, 20 ____.

(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)