



FindLaw<sup>®</sup>

Legal Forms & Services

FirstName LastName

OREGON  
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 Oregon**

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
3. Have notary sign and date
4. 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.

**OREGON POWER OF ATTORNEY**  
**OF FirstName LastName**

**DESIGNATION OF AGENT**

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

Name:            FirstName LastName  
Address:         222 Street Address, City, Oregon 11111  
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:         333 Street Address, City, Oregon 11111  
Phone:           1111111111

I do not wish to nominate 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 initialed subjects as defined in the Uniform Power of Attorney Act ORS Chapter 127:

- \_\_\_\_\_  Real Property
- \_\_\_\_\_  Tangible Personal Property
- \_\_\_\_\_  Stocks and Bonds
- \_\_\_\_\_  Commodities and Options
- \_\_\_\_\_  Banks and Other Financial Institutions
- \_\_\_\_\_  Safe Deposit Boxes
- \_\_\_\_\_  Operation of Entity or Business
- \_\_\_\_\_  Insurance and Annuities
- \_\_\_\_\_  Estates, Trusts, and Other Beneficial Interests
- \_\_\_\_\_  Legal Affairs, 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 MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

- \_\_\_\_\_  Create, amend, revoke, or terminate an inter vivos trust
- \_\_\_\_\_  Make a gift, subject to the limitations of the Uniform Power of Attorney Act 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 fiduciary powers that the principal has authority to delegate
- \_\_\_\_\_  Access the content of electronic communications
- Disclaim or refuse an interest in property, including a power of appointment

**LIMITATION ON AGENT’S AUTHORITY**

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support.

**SPECIAL INSTRUCTIONS**

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

Compensation. My agent is entitled to reasonable compensation for actions taken pursuant to this power of attorney.

Special Instructions. I have no other instructions at this time.

**EFFECTIVE DATE**

This power of attorney is effective immediately and shall not be affected by my later incapacity.

**NOMINATION OF CONSERVATOR OR GUARDIAN**

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

Name:            FirstName LastName  
Address:        222 Street Address, City, Oregon 11111  
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:        333 Street Address, City, Oregon 11111  
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 knows it has terminated or is invalid.

**SIGNATURE AND ACKNOWLEDGMENT**

Principal Signature

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Name: FirstName LastName  
Address: 111 Street Address, City, Oregon 11111  
Phone: 1111111111  
Email: emailaddress@email.com

Notary Acknowledgement

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

This document was acknowledged before me on \_\_\_\_\_ by FirstName  
LastName.

Signature: \_\_\_\_\_ Seal, if any

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