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**STATUTORY GENERAL AND DURABLE  
POWER OF ATTORNEY**

**STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_**

**IMPORTANT INFORMATION**

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent 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 to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you. If you revoke the power of attorney, you must communicate your revocation by notice to the agent in writing by certified mail and file such notice with the clerk of superior court in your county of domicile.

Your agent is not entitled to any compensation unless you state otherwise in the Special Instructions. Your agent 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 designation of one agent. If you wish to name more than one agent, you may name a successor agent or name a co-agent in the Special Instructions. Co-agents will not be required to act together unless you include that requirement in the Special Instructions.

If your agent 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.

This power of attorney shall be durable unless you state otherwise in the Special Instructions.

This power of attorney becomes effective immediately unless you state otherwise in power of attorney or in the Special Instructions.

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

(Continues on following page)

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

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**Designation of Agents**

I, \_\_\_\_\_ hereby name each of the following persons to act as my agent or as co-agents, it being my express intention that as co-agents each shall exercise his or her authority independently, and shall be able to act for my benefit in my name and in my place and stead in all matters as hereinafter provided, acting individually and without being required to act jointly with any other co-agent. In executing this power of attorney, I intent to create a power of attorney that has the meaning and effect prescribed in Chapter 6B of Title 10 of the Official Code of Georgia Annotated and is substantially in the form prescribed in O.C.G.A. § 10-6B-70:

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

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

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### General Grant of Authority

I grant to each of my agents or co-agents general authority to act for me with respect to the following subjects as defined in O.C.G.A. Title 10, Chapter 6B:

*(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.**

Use of this general grant section (above) of this power of attorney will provide the agent(s) with non-content access to digital assets (as defined in the Special Instructions, below) for each of the subjects initialed.

ONLY through use of the applicable "hot power" below will you allow your agent to exercise authority over the CONTENT of electronic communications.

**Grant of Additional Specific Authority (Optional)**  
**“Hot Powers”**

My Agent shall NOT do any of the following specific acts for me UNLESS I have initialed the specific authority listed or UNLESS I have initialed ALL PRECEEDING SUBJECTS at the end of the list in this section.

*(CAUTION: Granting any of the following “hot powers” will give your agent 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. You should give your agent specific instructions in the Special Instructions when you authorize your agent to make gifts. However, failure to give your agent powers listed in this section may restrict your agent’s ability to protect your estate by qualifying you for public benefits if you require long-term care.)*

- ☐ Create, amend, revoke, or terminate an *inter vivos* trust
- ☐ Make a gift, without being subject to the limitations of O.C.G.A. § 10-6B-56, except any Special Instructions in this power of attorney; gifts in excess of the annual gift tax exclusion are authorized for the purpose of public benefits planning
- ☐ 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
- ☐ **All preceding subjects are expressly granted as permitted in O.C.G.A. § 10-6B-20(b)(1)(B) and § 10-6B-40.**

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#### **Limitations on Agent's Authority**

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

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#### **Special Instructions**

All Special Instructions set forth on the annexed **Exhibit "A"**, if attached hereto, are incorporated herein by this reference and made a part of this power of attorney as if fully stated herein. In the event of any conflict between the provisions of this power of attorney and the Special Instructions, the Special Instructions shall control.

I have specifically contemplated the possibility that I might require long-term care in the future and that I might need to become eligible for public benefits such as Medicaid. My agent shall have specific authority to convey my property to my spouse, to a child or descendent of mine, to a trust for a disabled child or a trust for another disabled individual under the age of 65, or to transfer my home and contiguous land to a caregiver child, all as permitted under 42 U.S.C. § 1396p(c)(2). Further, on the advice of an Elder Law Attorney, my agent may engage in other Medicaid or public benefits or tax planning to preserve my estate, even if doing so involves conveying my property to another person or persons including my agent(s).

My agent shall have non-content access to all digital assets in my name.

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#### **Nomination of Conservator (Optional)**

If it becomes necessary for a court to appoint a conservator of my estate, I nominate \_\_\_\_\_ to so serve. If \_\_\_\_\_ fails for any reason to qualify or continue as such, then I nominate \_\_\_\_\_ to so serve as my conservator.

Any guardian or conservator I have nominated who at any time shall be appointed by any court shall, to the full extent permitted by law, be excused from the necessity of giving bond.

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#### **Effective date**

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

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**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.

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**HIPAA**

Pursuant to O.C.G.A. § 10-6B-9(d), my Agent may act as my personal representative pursuant to the Health Insurance Portability and Accountability Act, Sections 1171 through 1179 of the Social Security Act, 42 U.S.C. Section 1320d, in effect on February 1, 2018, and applicable regulations in effect on February 1, 2018, and as amended thereafter, to obtain access to my health care information and communicate with my health care provider.

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**Limitation on Powers**

My Agent shall NOT have power to enter into a binding arbitration agreement relating to personal injury or malpractice claims prior to an injury; if I sustain a personal injury or if I am the victim of malpractice, I expressly reserve the right to a jury trial.

*(Signatures on following page)*

## SIGNATURE AND ACKNOWLEDGMENT

IN WITNESS WHEREOF, I have set my hand to this Power of Attorney and executed same this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This document was signed or acknowledged in my presence on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by the principal, \_\_\_\_\_.

*[Second Witness is Optional]*

\_\_\_\_\_  
Witness's signature

\_\_\_\_\_  
Second Witness's signature *(Optional)*

\_\_\_\_\_  
(Witness's name printed)

\_\_\_\_\_  
(2<sup>nd</sup> Witness's name printed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATE OF GEORGIA**

**COUNTY OF** \_\_\_\_\_

This document was signed in my presence on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
(Seal)

Signature as Notary public and as witness

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



**STATE OF GEORGIA**  
**COUNTY OF \_\_\_\_\_**

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_, known to me to be the principal and witnesses whose names are subscribed to the attached Georgia Statutory Power of Attorney, and each witness having been by me duly sworn, declared to me that the said Georgia Statutory Power of Attorney was willingly made and executed by the maker, \_\_\_\_\_, as his or her free act and deed for the purposes therein expressed. The witnesses, each being on oath, stated to me that the said \_\_\_\_\_ executed the said Georgia Statutory Power of Attorney in their presence and hearing and signified to them that the instrument was intended by \_\_\_\_\_ to enable the persons named as agent to act for \_\_\_\_\_ in his or her name, place and stead and to have and exercise all of the powers, discretions, elections and authorities granted therein, acting in said agent's sole discretion with the express intention that said agent be able to act for \_\_\_\_\_ in all matters therein authorized and that \_\_\_\_\_ executed the attached Georgia Statutory Power of Attorney for that purposes and wanted each witness to sign as witness.

The witnesses, each being under oath, further stated to me that \_\_\_\_\_ was, at the time of the signing of said Georgia Statutory Power of Attorney, over 18 years of age and of sound mind and subscribed the Georgia Statutory Power of Attorney free from duress, coercion and other defenses.

*[Second Witness is Optional]*

\_\_\_\_\_  
Witness's signature

\_\_\_\_\_  
Second Witness's signature (Optional)

\_\_\_\_\_  
(Witness's name printed)

\_\_\_\_\_  
(2<sup>nd</sup> Witness's name printed)

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**STATE OF GEORGIA**  
**COUNTY OF \_\_\_\_\_**

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ and by the witnesses named above.

\_\_\_\_\_  
(Seal)

Signature as Notary public and as witness

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

This document prepared by: \_\_\_\_\_

## **IMPORTANT INFORMATION FOR AGENT**

### **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:

\_\_\_\_\_ by \_\_\_\_\_, 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 so as long as the revocation of the power of attorney is communicated to you in writing

by certified mail and provided that such notice is filed with the clerk of superior court in the county of domicile of the principal;

- (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**

The meaning of the authority granted to you is defined in O.C.G.A. Chapter 6B of Title 10.

If you violate O.C.G.A. Chapter 6B of 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 GEORGIA**

**COUNTY OF \_\_\_\_\_**

I, \_\_\_\_\_, certify under penalty of perjury that « \_\_\_\_\_  
granted me authority as an agent or successor agent in a power of attorney dated this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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 were 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**

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_.

\_\_\_\_\_ (Seal)

Signature of notary

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