

# GEORGIA GENERAL DURABLE POWER OF ATTORNEY

THE POWERS GRANTED BELOW ARE EFFECTIVE EVEN IF I BECOME DISABLED OR INCOMPETENT

I \_\_\_\_\_ of \_\_\_\_\_ appoint  
\_\_\_\_\_ of \_\_\_\_\_ as my

Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

INITIAL on the lines applicable:

\_\_\_\_\_ (A) Real and tangible personal property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real and tangible property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper.

\_\_\_\_\_ (B) Banking and other financial institution transactions. To make, receive, sign, endorse, execute, acknowledge, deliver and possess checks, drafts, bills of exchange, letters of credit, notes, stock certificates, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of banks, savings and loans, credit unions, or other institutions or associations.

\_\_\_\_\_ (C) Insurance and annuity transactions. To exercise or perform any act, power, duty, right, or obligation, in regard to any contract of life, accident, health, disability, liability, or other type of insurance or any combination of insurance; and to procure new or additional contracts of insurance for me and to designate the beneficiary of same; provided, however, that my Agent cannot designate himself or herself as beneficiary of any such insurance contracts.

\_\_\_\_\_ (D) Claims and litigation. To commence, prosecute, discontinue, or defend all actions or other legal proceedings touching my property, real or personal, or any part thereof, or touching any matter in which I or my property, real or personal, may be in any way concerned.

\_\_\_\_\_ (E) Personal and family maintenance. To hire accountants, attorneys at law, consultants, clerks, physicians, nurses, agents, servants, workmen, and others, and to remove them, and to appoint others in their place, and to pay and allow the persons so employed such salaries, wages, or other remunerations, as my Agent shall deem proper.

\_\_\_\_\_ (F) Benefits from Social Security, Medicare, Medicaid, or other governmental programs. To prepare, sign and file any claim or application for Social Security, unemployment; sue for, settle or abandon any claims to any benefit or assistance under any federal, state, local or foreign statute or regulation; control, deposit to any account, collect, receipt for, and take title to and hold all benefits under any Social Security, unemployment, other state, federal, local or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, unemployment, and governmental benefits, including but not limited to Medicare and Medicaid, which the principal could exercise if present and under no disability.

\_\_\_\_\_ (G) Retirement plan transactions. To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any tax qualified or nonqualified 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.

\_\_\_\_\_ (H) Tax matters. To prepare, to make elections, to execute and to file all tax, social security, unemployment insurance, and informational returns required by the laws of the United States, or of any State or subdivision thereof.

\_\_\_\_\_ (I) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (I).

**SUCCESSOR AGENT.** If any Agent named by me shall die, become incompetent, resign or refuse to accept the office of Agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such Agent:

\_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_

**AUTHORITY TO DELEGATE.** I further grant to my Attorney and Alternate Attorney full powers of substitution, and hereby ratify any act, which my Attorney or Alternate Attorney or any substitute Agent appointed by my Attorney or Alternate Attorney under this Power of Attorney.

**THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.**

I am fully informed as to all the contents of this form and understand the full import or this grant of powers to my Agent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the Power of Attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ (Name): \_\_\_\_\_

**STATEMENT OF WITNESS**

On the date written above, the principal declared to me in my presence that this instrument is his General Durable Power of Attorney and that he had willingly signed and that he executed it as his free and voluntary act for the purposes therein expressed.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**  
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

This document was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_

**NOTARY SEAL**

\_\_\_\_\_  
(Signature of Notary)

Notary Public for the State of \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires on (Date)