

STATUTORY DURABLE POWER OF ATTORNEY

THE STATE OF _____

§
§

COUNTY OF _____

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, _____ hereby revoke all prior powers of attorney and appoint _____, as my agent (attorney-in-fact) to act for me and in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (O) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INTIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INTIAL THE LINE IN FRONT OF IT, YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- _____ (A) real property transactions;
- _____ (B) all tangible personal property;
- _____ (C) stock and bond transactions;
- _____ (D) commodity and option transactions;
- _____ (E) banking and other financial institution transactions;
- _____ (F) business & personal transactions;
- _____ (G) insurance and annuity transactions;
- _____ (H) estate, trust, and other beneficiary transactions;
- _____ (I) claims and litigations;
- _____ (J) personal and family maintenance;
- _____ (K) benefits from social security, medicare, medicaid or other governmental programs or civil or military service;
- _____ (L) retirement plan transactions;
- _____ (M) tax matters;
- _____ (N) all medical and health related decisions after consulting with my nurses and doctors
- _____ (O) **all of the powers listed in (A) through (N), YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (O).**

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINE YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

I agree that any third party who receives a copy of this document may act under it. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. This durable power of attorney shall remain in effect in the event of disability. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

If any agent named by me dies, become legally disabled, resigns, or refuses to act, I name the following (each to act alone and successively, in the order named) as successor(s) to that agent:

_____.

TO BE EFFECTIVE on _____, 202__.

 _____ (print name)

NOTICE: For real property transactions this power of attorney shall be recorded in the office of the county clerk of the county in which the property is located.

ACKNOWLEDGMENT

STATE OF §
 COUNTY OF §

This document was acknowledged before me on _____, 202__ by _____.

 NOTARY PUBLIC, STATE OF

AFTER RECORDING RETURN TO:

Robert D. Wilson
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