

Designation of Agent for After Death Arrangements

My Agent shall have full power and authority to act on my behalf, but only to the extent permitted by this Designation of Agent.

I hereby grant to my Agent the full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above power, as fully as I could do if personally present and acting.

My agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this power of attorney.

I declare under penalty of perjury under the laws of _____ that the person who signed or acknowledged this document is personally known to me to be the principal, or that the identity of the principal was proved to me by convincing evidence; that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence; that I am not the person appointed as attorney in fact of this document; and that I am not the principal's health care provider, an employee of the principal's health care provider, the operator of a community care facility or a residential care facility for the elderly, nor an employee of an operator of a community care facility or residential care facility for the elderly.

I further declare under penalty of perjury under the laws of _____ that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

I, _____, of _____ do hereby designate
_____ of _____, as my Designated Agent.

Signature: _____ **Date:** _____

Address _____

Witness Signature: _____

Print name _____ Date _____

Address _____

Witness Signature: _____

Print name _____ Date _____

Address _____