TEMPORARY POWER OF ATTORNEY

State of: _____ County of: _____

Principal Information:

Full Name: _____

Address: _____

Phone/Email: _____

Attorney-in-Fact Information:

Full Name: _____

Address: _____

Phone/Email: _____

Grant of Authority:

The Principal hereby appoints the Attorney-in-Fact named above as Principal's true and lawful attorney-in-fact to act in the Principal's name, place, and stead in any way which the Principal could do if personally present, to the extent permitted by law, with respect to the following matters:

- To manage, handle, and conduct all business and personal affairs of the Principal;
- To execute, endorse, and deliver any documents, instruments, contracts, or agreements;
- To access and manage bank accounts, investments, and other financial matters;
- To apply for, receive, and endorse checks or other payments;
- To represent the Principal in transactions with government agencies and private businesses;
- To handle real estate transactions, including leasing, selling, or purchasing property;
- To make healthcare decisions if expressly granted (if applicable and legal);
- To do all acts necessary to accomplish the objectives of this Power of Attorney.

Duration and Revocation:

This Power of Attorney shall become effective immediately and shall remain in effect until revoked by the Principal in writing. Revocation shall not affect any actions taken by the Attorney-in-Fact prior to receipt of such revocation.

Reliance and Indemnification:

Any person, including third parties, may rely upon the representations of the Attorney-in-Fact as to all matters regarding powers granted under this instrument without further inquiry. The Principal agrees to indemnify and hold harmless any such person who acts in reliance on this Power of Attorney.

Governing Law:

This Power of Attorney shall be governed by and construed in accordance with the laws of the State of _____, without regard to its conflict of laws principles.

Signatures:

Principal: _____

Attorney-in-Fact: _____

State of _____)
County of _____)

On this _____ day of _____, before me, the undersigned Notary Public, personally appeared the Principal, known to me (or satis

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

_____
Notary Public Signature

My commission expires: _____

Principal's Signature

Signature: _____

Attorney-in-Fact's Signature

Signature: _____