## To Copy and Edit, go to File → Make a Copy

### **POWER OF ATTORNEY (GENERAL)**

#### STATE OF LOUISIANA

# PARISH OF [YOUR PARISH]

#### I. IDENTIFICATION OF THE PARTIES

## **Principal (Person granting authority):**

Full Name: YOUR NAME
Address: YOUR ADDRESS

City, State, ZIP: YOUR ADDRESS, PART 2

## Mandatary (Person receiving authority):

Full Name: YOUR AGENT'S NAME
Address: YOUR AGENT'S ADDRESS

City, State, ZIP: YOUR AGENT'S ADDRESS, PART 2

#### II. GRANT OF AUTHORITY

I, [YOUR NAME], the undersigned Principal, appoint [YOUR AGENT'S NAME]my

Mandatary (Agent) to act on my behalf and exercise the following powers:

The undersigned Mandatary, [YOUR AGENT'S NAME], shall have and maintain full authority

to act on my behalf in any and all financial, legal, medical and/or personal matters at his sole discretion and based upon his judgment and according to the facts and circumstances thereby present.

### III. DURABILITY

This mandate shall remain in full force and effect in the event that I ever become incapacitated and/or disabled; such occurrence shall not render this document invalid nor shall it in any way revoke, limit or usurp the authority granted unto the Mandatary,

#### IV. EFFECTIVE DATE

herein.

This Mandate is effective immediately upon signing and shall so remain effective

until and at such time as it is expressly revoked in writing by the Principal, [YOUR NAME], or as mandated by ordered by a Court having actual and proper jurisdiction

V. **SIGNATURES** THUS DONE AND SIGNED at \_\_\_\_\_\_\_\_, Louisiana on this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 2025, before the above mentioned parties along with the undersigned and competent witnesses along with me, Notary, who hereby affix their signatures hereto after a due reading of the whole, the parties understanding its terms and implications Principal's Signature: Date: VI. WITNESS ACKNOWLEDGMENT (Optional, but recommended) Witness 1 Printed Name: Date: Witness 2 Printed Name: Date: VII. NOTARIZATION (Optional, but Required for Real Estate Authority) State of Louisiana Parish of \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public personally appeared , who executed this mandate voluntarily and acknowledged its [Principal's Name] contents.

Notary Public Signature:	
Printed Name:	
Notary ID Number:	
<b>Commission Expires:</b>	