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How to Complete Your Arizona Durable Power of Attorney

Durable General (Financial) Power of Attorney • A.R.S. § 14-5501

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. This form lets you name someone (your "agent") to handle your financial and legal affairs, such as banking, real estate, taxes and benefits. In Arizona, a power of attorney continues after incapacity only if it says so; this form includes the required wording. It does **not** cover medical decisions; for those, use an Arizona Health Care Power of Attorney.

1. **Name your agent and successors (Part 1)**
   Successor agents serve one at a time, in order, only if the agent before them cannot serve.
2. **Initial the powers you grant (Parts 2–3)**
   Blank boxes are not granted. Part 3 powers can change who inherits from you, so think carefully.
3. **Choose when it starts (Part 4)**
   Immediately, or only if a doctor certifies that you are incapacitated.
4. **Bring one qualified witness**
   The witness cannot be your agent, your agent's spouse or children, or the notary. We can bring one.
5. **Sign in front of the notary**
   You and the witness each sign a sworn statement before the notary. Bring a current government photo ID.

Signing requirements: Notary **and** one adult witness, at the same time. The witness cannot be the agent, the agent's spouse, the agent's children or the notary (A.R.S. § 14-5501(D)).

After It's Signed

- Give your agent the original or a copy, and keep a copy.
- If your agent will sign a deed for you, the power of attorney is usually recorded with the County Recorder.
- To revoke it, sign a written revocation and notify your agent and anyone who has a copy.

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Have questions about your Power of Attorney? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

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DURABLE GENERAL POWER OF ATTORNEY

State of Arizona • A.R.S. §§ 14-5501 to 14-5507

1. APPOINTMENT OF AGENT

I, the principal named below,

Principal full legal name

Principal address (street, city, county, state, ZIP)

appoint the following person as my agent (attorney-in-fact):

Agent name | Relationship | Phone

Agent address

If my agent dies, resigns, becomes incapacitated, or is unable or unwilling to serve, I appoint the following successor agent(s), to serve one at a time in the order named (optional):

Successor agent 1 name | Phone

Successor agent 1 address

Successor agent 2 name | Phone

Successor agent 2 address

2. POWERS GRANTED

I grant my agent full power to act for me in any lawful way with respect to the subjects I have **initialed** below, as fully as I could act myself. **To grant a power, write your initials in the box. A power that is not initialed is not granted.**

- ☐ **ALL OF THE POWERS LISTED BELOW IN THIS PART 2.** (If you initial here, you do not need to initial each line.)
- ☐ Real estate transactions (buy, sell, lease, mortgage, refinance, manage and insure real property).
- ☐ Tangible personal property, including vehicles, boats and household goods.
- ☐ Banking and financial institution transactions, including opening, closing and managing accounts and safe deposit boxes.
- ☐ Stocks, bonds, mutual funds, brokerage and other investment transactions.
- ☐ Insurance and annuity transactions.
- ☐ Retirement plans and accounts (excluding changes to beneficiary designations unless granted below).
- ☐ Business operating transactions, including any business or entity in which I have an interest.
- ☐ Claims and litigation, including hiring attorneys and settling claims.
- ☐ Tax matters, including signing and filing returns and dealing with the IRS and the Arizona Department of Revenue.

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- [ ] Government benefits, including Social Security, Medicare, AHCCCS, VA and military benefits.
- [ ] Personal and family maintenance, including paying living expenses for me and my dependents.
- [ ] Estate, trust and other beneficiary transactions.
- [ ] Digital assets and accounts (not including the content of my electronic communications unless granted below).

3. POWERS THAT CAN CHANGE WHO RECEIVES YOUR PROPERTY

These powers can reduce your estate or change who inherits from you. **My agent may do the following only if I initial it:**

- [ ] Make gifts of my property, including gifts to the agent.
- [ ] Create, amend, fund or revoke a trust on my behalf.
- [ ] Create or change rights of survivorship or beneficiary designations.
- [ ] Disclaim or refuse an inheritance or other property on my behalf.
- [ ] Access the content of my electronic communications (e-mail, texts, social media messages).

4. WHEN THIS POWER OF ATTORNEY IS EFFECTIVE AND DURABILITY (check one)

- ☐ Effective immediately. **This power of attorney is not affected by subsequent disability or incapacity of the principal or lapse of time.**
- ☐ Effective only if I become disabled or incapacitated, as certified in writing by a licensed physician. **This power of attorney is effective on the disability or incapacity of the principal.**

(The durability statements above are the forms of words provided in A.R.S. § 14-5501(B).)

5. NOMINATION OF GUARDIAN AND CONSERVATOR (optional)

If a court is asked to appoint a guardian or conservator for me, I nominate the following person:

Name of nominee

Address

6. COMPENSATION (check one)

- ☐ My agent is entitled to reasonable compensation and reimbursement of reasonable expenses.
- ☐ My agent shall serve without compensation but shall be reimbursed for reasonable expenses.

7. SPECIAL INSTRUCTIONS (optional)

Use this space to limit or add to the powers above.

8. RELIANCE AND COPIES

Any third party may rely on this power of attorney or a copy of it until the third party receives actual notice of its revocation. This power of attorney is governed by Arizona law. Any prior general power of attorney I have signed is (check one):

- ☐ revoked.
- ☐ not revoked and remains in effect.

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SIGNATURE OF PRINCIPAL AND SWORN STATEMENT

I, the principal named in this power of attorney, sign my name to this power of attorney on the date written by the notary below and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

X _____

Principal signature (or mark)

Principal printed name

If signed for the principal at the principal's direction: name of person signing

SWORN STATEMENT OF WITNESS

The witness may not be the agent, the agent's spouse, the agent's children or the notary public (A.R.S. § 14-5501(D)(3)).

I, the witness named below, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as the principal's power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

X _____

Witness signature

Witness printed name

Witness address

NOTARY CERTIFICATE (A.R.S. § 14-5501(D)(4))

THE STATE OF

COUNTY OF

Subscribed, sworn to and acknowledged before me by _____, the principal, and subscribed and sworn to before me by _____, witness, this _____ day of _____, 20____.

X _____

Signature of Notary Public

Notary Public (printed name)

My commission expires

Commission number

(Notary seal)

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ACCEPTANCE BY AGENT (recommended)

I accept appointment as agent. I understand that I must act in good faith, in the principal's best interest and within the authority granted, keep the principal's property separate from mine, and keep records of all transactions I make for the principal.

X _____ Date _____

Agent signature

Agent printed name

ACCEPTANCE BY SUCCESSOR AGENT (recommended)

I accept appointment as agent. I understand that I must act in good faith, in the principal's best interest and within the authority granted, keep the principal's property separate from mine, and keep records of all transactions I make for the principal.

X _____ Date _____

Successor Agent signature

Successor Agent printed name

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