FIRST CHOICE
MOBILE NOTARY & APOSTILLE

(866) 828-6856
Book an Appointment Online
www.firstchoicemobilenotary.com

How to Complete Your Nevada Statutory Power of Attorney

Statutory Form Power of Attorney for Financial Matters (NRS 162A.620)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR NEVADA POWER OF ATTORNEY.

About this form. This is Nevada's official statutory form for naming someone (your "agent") to handle your **financial and legal affairs**. It is durable by default, effective immediately unless you say otherwise, and does **not** cover health care decisions — use a Nevada Advance Health-Care Directive for those. Signing it **revokes any prior durable power of attorney** for financial matters.

1. **Name your agent and alternates (Sections 1–2)**
   Enter your name and your agent's name, address, and phone. You may name a first and second alternative agent. Name co-agents in the Special Instructions.
2. **Initial the powers you grant (Sections 5–6)**
   Initial each general subject, or "All Preceding Subjects." Initial specific powers (gifts, trusts, beneficiaries) **only** if you want to grant them. Initials must be handwritten in ink.
3. **Living arrangements and instructions (Sections 7 and 9)**
   Initial your wishes about living at home, and add any limits, compensation terms, or co-agents in Special Instructions.
4. **Choose durability and dates (Section 11)**
   Initial "Durable" and any springing, start, or end date that applies.
5. **Sign in front of a Nevada notary (Section 14)**
   The form is **not valid unless notarized**. Do **not** sign ahead of time. Bring a current government-issued photo ID. Our Nevada-commissioned notaries come to you.
6. **In a hospital or care facility? Get the competency certification**
   If you live in a hospital, skilled nursing facility, or group or residential care home, a physician, APRN, psychologist, or psychiatrist must complete the attached Certification of Competency. Facility owners and staff cannot be your agent unless they are family.

After It's Notarized

- Give your agent the original and keep a copy. Your agent should read the "Important Information for Agent" pages.
- If your agent will sell or convey real estate, the power of attorney must be **recorded** with the County Recorder (NRS 162A.480).
- To revoke it, use the Nevada Revocation of Power of Attorney. If it was recorded, the revocation must be recorded in the same office.

Need a Notary? We Come to You.

Homes • Hospitals • Care Facilities • Offices • Available Anytime
Mobile notary and apostille services.

Nevada-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in Nevada, California, and other states. Phone and video consultations are available. **(916) 504-0529** · **www.gavrilovlaw.com**

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public who is not an attorney cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed Nevada attorney. © 2027 First Choice Mobile Notary & Apostille. All rights reserved. This form may be filled in and printed for personal use; it may not be copied, altered, or redistributed for commercial purposes.

STATUTORY FORM POWER OF ATTORNEY

(Nevada Revised Statutes Section 162A.620)

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT THE POWER TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU. YOUR AGENT WILL BE ABLE TO MAKE DECISIONS AND ACT WITH RESPECT TO YOUR PROPERTY (INCLUDING YOUR MONEY) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF.
2. THIS POWER OF ATTORNEY BECOMES EFFECTIVE IMMEDIATELY UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.
3. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.
4. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.
5. YOU SHOULD SELECT SOMEONE YOU TRUST TO SERVE AS YOUR AGENT. UNLESS YOU SPECIFY OTHERWISE, GENERALLY THE AGENT'S AUTHORITY WILL CONTINUE UNTIL YOU DIE OR REVOKE THE POWER OF ATTORNEY OR THE AGENT RESIGNS OR IS UNABLE TO ACT FOR YOU.
6. YOUR AGENT IS ENTITLED TO REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.
7. THIS FORM PROVIDES FOR DESIGNATION OF ONE AGENT. IF YOU WISH TO NAME MORE THAN ONE AGENT YOU MAY NAME A CO-AGENT IN THE SPECIAL INSTRUCTIONS. CO-AGENTS ARE NOT REQUIRED TO ACT TOGETHER UNLESS YOU INCLUDE THAT REQUIREMENT IN THE SPECIAL INSTRUCTIONS.
8. IF YOUR AGENT IS UNABLE OR UNWILLING TO ACT FOR YOU, YOUR POWER OF ATTORNEY WILL END UNLESS YOU HAVE NAMED A SUCCESSOR AGENT. YOU MAY ALSO NAME A SECOND SUCCESSOR AGENT.
9. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT.
10. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY.
11. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

1. DESIGNATION OF AGENT.

I,

_____

(insert your name)

do hereby designate and appoint:

_____

Name

_____

Address

_____

Telephone Number

as my agent to make decisions for me and in my name, place and stead and for my use and benefit and to exercise the powers as authorized in this document.

Principal's initials: _____

© 2027 First Choice Mobile Notary & Apostille • Serving Nevada • (866) 828-6856 • firstchoicemobilenotary.com

2. DESIGNATION OF ALTERNATE AGENT.

(You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same decisions as the agent designated above in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If my agent is unable or unwilling to act for me, then I designate the following person(s) to serve as my agent as authorized in this document, such person(s) to serve in the order listed below:

A. First Alternative Agent

_____
Name

_____
Address

_____
Telephone Number

B. Second Alternative Agent

_____
Name

_____
Address

_____
Telephone Number

3. OTHER POWERS OF ATTORNEY.

This Power of Attorney is intended to, and does, revoke any prior Power of Attorney for financial matters I have previously executed.

4. NOMINATION OF GUARDIAN.

If, after execution of this Power of Attorney, proceedings seeking an adjudication of incapacity are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

© 2027 First Choice Mobile Notary & Apostille • Serving Nevada • (866) 828-6856 • firstchoicemobilenotary.com

5. GRANT OF GENERAL AUTHORITY.

I grant my agent and any successor agent(s) general authority to act for me with respect to the following subjects:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

[_____] Real Property

[_____] Tangible Personal Property

[_____] Stocks and Bonds

[_____] Commodities and Options

[_____] Banks and Other Financial Institutions

[_____] Safe Deposit Boxes

[_____] Operation of Entity or Business

[_____] Insurance and Annuities

[_____] Estates, Trusts and Other Beneficial Interests

[_____] Legal Affairs, Claims and Litigation

[_____] Personal Maintenance

[_____] Benefits from Governmental Programs or Civil or Military Service

[_____] Retirement Plans

[_____] Taxes

[_____] **All Preceding Subjects**

6. GRANT OF SPECIFIC AUTHORITY.

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

[_____] Create, amend, revoke or terminate an inter vivos, family, living, irrevocable or revocable trust

[_____] Make a gift, subject to the limitations of NRS and any special instructions in this Power of Attorney

[_____] Create or change rights of survivorship

[_____] Create or change a beneficiary designation

[_____] Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

[_____] Exercise fiduciary powers that the principal has authority to delegate

[_____] Disclaim or refuse an interest in property, including a power of appointment

© 2027 First Choice Mobile Notary & Apostille • Serving Nevada • (866) 828-6856 • firstchoicemobilenotary.com

7. EXPRESSION OF INTENT CONCERNING LIVING ARRANGEMENTS.

[_____] It is my intention to live in my home as long as it is safe and my medical needs can be met. My agent may arrange for a natural person, employee of an agency or provider of community-based services to come into my home to provide care for me. When it is no longer safe for me to live in my home, I authorize my agent to place me in a facility or home that can provide any medical assistance and support in my activities of daily living that I require. Before being placed in such a facility or home, I wish for my agent to discuss and share information concerning the placement with me.

[_____] It is my intention to live in my home for as long as possible without regard for my medical needs, personal safety or ability to engage in activities of daily living. My agent may arrange for a natural person, an employee of an agency or a provider of community-based services to come into my home and provide care for me. I understand that, before I may be placed in a facility or home other than the home in which I currently reside, a guardian must be appointed for me.

[_____] I desire for my agent to take the following actions relating to my care:

8. LIMITATION ON AGENT'S AUTHORITY.

An agent that is not my spouse MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

9. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:

10. AUTHORITY OF PRINCIPAL.

Except as otherwise expressly provided in this Power of Attorney, the authority of a principal to act on his or her own behalf continues after executing this Power of Attorney and any decision or instruction communicated by the principal supersedes any inconsistent decision or instruction communicated by an agent appointed pursuant to this Power of Attorney.

© 2027 First Choice Mobile Notary & Apostille • Serving Nevada • (866) 828-6856 • firstchoicemobilenotary.com

11. DURABILITY AND EFFECTIVE DATE. (INITIAL the clause(s) that applies.)

[_____] **DURABLE.** This Power of Attorney shall not be affected by my subsequent disability or incapacity.

[_____] **SPRINGING POWER.** It is my intention and direction that my designated agent, and any person or entity that my designated agent may transact business with on my behalf, may rely on a written medical opinion issued by a licensed medical doctor stating that I am disabled or incapacitated, and incapable of managing my affairs, and that said medical opinion shall establish whether or not I am under a disability for the purpose of establishing the authority of my designated agent to act in accordance with this Power of Attorney.

[_____] I wish to have this Power of Attorney become effective on the following date:

_____
(effective date)

[_____] I wish to have this Power of Attorney end on the following date:

_____
(end date)

12. THIRD PARTY PROTECTION.

Third parties may rely upon the validity of this Power of Attorney or a copy and the representations of my agent as to all matters relating to any power granted to my agent, and no person or agency who relies upon the representation of my agent, or the authority granted by my agent, shall incur any liability to me or my estate as a result of permitting my agent to exercise any power unless a third party knows or has reason to know this Power of Attorney has terminated or is invalid.

13. RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information, by any government agency, business, creditor or third party who may have information pertaining to my assets or income, to my agent named herein.

14. SIGNATURE AND ACKNOWLEDGMENT.

YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

I sign my name to this Power of Attorney on _____ (date) at _____ (city),

_____ (state)

_____
(Signature)

© 2027 First Choice Mobile Notary & Apostille • Serving Nevada • (866) 828-6856 • firstchoicemobilenotary.com

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Nevada }
}ss.
County of _____ }

On this _____ day of _____ , in the year _____ , before me, _____
(here insert name of notary public)

personally appeared _____ personally known to me (or proved
(here insert name of principal)
to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

NOTARY SEAL

_____
(Signature of Notary Public)

© 2027 First Choice Mobile Notary & Apostille • Serving Nevada • (866) 828-6856 • firstchoicemobilenotary.com

IMPORTANT INFORMATION FOR AGENT

1. **Agent's Duties.** When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must:
   (a) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
   (b) Act in good faith;
   (c) Do nothing beyond the authority granted in this Power of Attorney; and
   (d) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner: (Principal's Name) by (Your Signature) as Agent
2. Unless the Special Instructions in this Power of Attorney state otherwise, you must also:
   (a) Act loyally for the principal's benefit;
   (b) Avoid conflicts that would impair your ability to act in the principal's best interest;
   (c) Act with care, competence, and diligence;
   (d) Keep a record of all receipts, disbursements and transactions made on behalf of the principal;
   (e) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
   (f) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.
3. **Termination of Agent's Authority.** You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include:
   (a) Death of the principal;
   (b) The principal's revocation of the Power of Attorney or your authority;
   (c) The occurrence of a termination event stated in the Power of Attorney;
   (d) The purpose of the Power of Attorney is fully accomplished; or
   (e) If you are married to the principal, your marriage is dissolved.
4. **Liability of Agent.** The meaning of the authority granted to you is defined in NRS 162A.200 to 162A.660, inclusive. If you violate NRS 162A.200 to 162A.660, inclusive, or act outside the authority granted in this Power of Attorney, you may be liable for any damages caused by your violation.
5. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

Principal's initials: _____

© 2027 First Choice Mobile Notary & Apostille • Serving Nevada • (866) 828-6856 • firstchoicemobilenotary.com

ATTACHMENT: CERTIFICATION OF COMPETENCY OF PRINCIPAL

(Required by NRS 162A.220(2) if the principal resides in a hospital, residential facility for groups, facility for skilled nursing, or home for individual residential care when this Power of Attorney is signed.)

I, the undersigned, certify that I am licensed in the State of Nevada as a (mark one) ☐ physician ☐ advanced practice registered nurse ☐ psychologist ☐ psychiatrist.

I personally examined the principal named below on the date shown, and in my professional opinion the principal is competent to execute a power of attorney.

_____ _____

(name of principal) (date of examination)

_____

(name of facility where the principal resides)

_____ _____ _____

(signature of examining professional) (printed name) (date)

_____ _____

(license type and number) (office address and phone)

© 2027 First Choice Mobile Notary & Apostille • Serving Nevada • (866) 828-6856 • firstchoicemobilenotary.com