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How to Complete Your Pennsylvania Durable Power of Attorney

Durable General (Financial) Power of Attorney • 20 Pa.C.S. Chapter 56

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. It stays in effect if you become incapacitated. It does **not** cover medical decisions; for those, use a Pennsylvania Health Care Power of Attorney.

1. **Sign the Notice page (Page 1)**
   Pennsylvania requires this Notice at the front of every power of attorney, signed by you. Read it carefully.
2. **Name your agent and successors (Part 1)**
   Successor agents serve one at a time, in order, only if the agent before them cannot serve.
3. **Initial the powers you grant (Parts 2–3)**
   Write your initials in each box you want to grant. Blank boxes are not granted. Part 3 powers (gifts, trusts, beneficiary changes) can change who inherits from you, so think carefully.
4. **Choose when it starts (Part 4)**
   Immediately, or only if a doctor certifies you are incapacitated.
5. **Do not sign ahead of time**
   You sign in front of the notary and two adult witnesses. Bring a current government photo ID.
6. **Agents sign the Acknowledgment**
   An agent has no authority until he or she signs the agent acknowledgment page. Banks check for it.

Signing requirements: Notary **and** two witnesses, age 18 or older. The agent, the notary, and anyone signing for you cannot be witnesses (20 Pa.C.S. § 5601(b)).

After It's Signed

- Give your agent the original (or a copy) and keep a copy. A photocopy has the same effect as the original.
- If your agent will handle real estate, the power of attorney may need to be recorded with the Recorder of Deeds.
- To revoke it, sign a written revocation and notify your agent and any bank or institution that 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**.

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 Pennsylvania attorney. © 2026 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.

POWER OF ATTORNEY — NOTICE

(20 Pa.C.S. § 5601(c) — must appear at the beginning of the power of attorney and be signed by the principal)

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

X _____

Principal signature

Date

Principal printed name

Initials: _____

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DURABLE GENERAL POWER OF ATTORNEY

Commonwealth of Pennsylvania • 20 Pa.C.S. Chapter 56

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, is not qualified to serve, declines to serve, or (if my spouse) an action in divorce is filed, I appoint the following successor agent(s), to serve one at a time in the order named (20 Pa.C.S. § 5602(b)(2)) (optional):

Successor agent 1 name | Phone

Successor agent 1 address

Successor agent 2 name | Phone

Successor agent 2 address

2. GENERAL POWERS

I grant my agent authority to act for me in any lawful way with respect to the powers I have **initialed** below. Each power has the meaning given in 20 Pa.C.S. § 5603. **To grant a power, write your initials in the box. A power that is not initialed is not granted.**

- ☐ **ALL OF THE GENERAL POWERS LISTED BELOW.** (If you initial here, you do not need to initial each line.)
- ☐ “To engage in real property transactions.”
- ☐ “To engage in tangible personal property transactions.”
- ☐ “To engage in stock, bond and other securities transactions.”
- ☐ “To engage in commodity and option transactions.”
- ☐ “To engage in banking and financial transactions.”
- ☐ “To borrow money.”
- ☐ “To enter safe deposit boxes.”
- ☐ “To engage in insurance and annuity transactions.”
- ☐ “To engage in retirement plan transactions.”

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- [ ] “To handle interests in estates and trusts.”
- [ ] “To pursue claims and litigation.”
- [ ] “To receive government benefits.”
- [ ] “To pursue tax matters.”
- [ ] “To operate a business or entity.”
- [ ] “To provide for personal and family maintenance.”
- [ ] “To create a trust for my benefit.”
- [ ] “To make additions to an existing trust for my benefit.”
- [ ] “To claim an elective share of the estate of my deceased spouse.”
- [ ] “To renounce fiduciary positions.”
- [ ] “To withdraw and receive the income or corpus of a trust.”

3. POWERS THAT MUST BE SPECIFICALLY GRANTED

Pennsylvania law (20 Pa.C.S. § 5601.4) does not allow an agent to do the following unless this power of attorney expressly grants the authority. **These powers can change who receives your property. Initial only those you intend to grant.**

- [ ] Create, amend, revoke or terminate an inter vivos trust (beyond the trust powers in Part 2).
- [ ] Make a gift. Unless my Special Instructions say otherwise, gifts are limited as provided in 20 Pa.C.S. § 5601.4(d) (generally, the annual federal gift tax exclusion amount per recipient).
- [ ] Create or change rights of survivorship.
- [ ] Create or change a beneficiary designation.
- [ ] Delegate authority granted under this power of attorney.
- [ ] Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.
- [ ] Exercise fiduciary powers that I have authority to delegate.
- [ ] Disclaim property, including a power of appointment.
- [ ] Access the content of my electronic communications.
- [ ] My agent may use the powers in this Part 3 to create an interest in my property for the agent or for a person the agent must support, even if the agent is not my ancestor, spouse or descendant (20 Pa.C.S. § 5601.4(b)).

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

- ☐ Effective immediately when signed.
- ☐ Effective only if I become disabled or incapacitated, as certified in writing by my attending physician.

5. DURABILITY

This is a durable power of attorney. The authority of my agent shall not be affected by my subsequent disability or incapacity or by lapse of time (20 Pa.C.S. §§ 5601.1 and 5604). It continues until I revoke it or it is terminated by law or by a court.

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6. NOMINATION OF GUARDIAN (optional)

If proceedings are started to appoint a guardian of my estate or person, I nominate the following person (20 Pa.C.S. § 5604(c)(2)):

Name of nominated guardian

Address

7. COMPENSATION (check one)

☐ My agent is entitled to reasonable compensation and reimbursement of expenses (20 Pa.C.S. § 5609).

☐ My agent shall serve without compensation but shall be reimbursed for reasonable expenses.

8. SPECIAL INSTRUCTIONS (optional)

Use this space to limit or add to the powers above (for example, gift limits, or how co-agents act if you name more than one).

9. RELIANCE, COPIES AND GOVERNING LAW

A photocopy or electronically transmitted copy of this power of attorney has the same effect as the original (20 Pa.C.S. § 5602(d)). Any person who in good faith accepts this power of attorney may rely on it as provided in 20 Pa.C.S. § 5608. This power of attorney is governed by the law of the Commonwealth of Pennsylvania. Any prior general power of attorney I have signed is:

☐ revoked.

☐ not revoked and remains in effect.

SIGNATURE OF PRINCIPAL

I sign this power of attorney on the date written below. I understand that it is effective as stated above and that it is durable unless I have indicated otherwise.

X _____

Principal signature (or mark)

Date

Principal printed name

County of residence

If the principal is unable to sign and directs another person to sign on the principal's behalf, that person signs here (this person may not serve as a witness):

X _____

Signature of person signing at principal's direction

Date

Printed name of person signing for principal

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Witnesses

Witnesses. We, the undersigned, are each 18 years of age or older. The principal signed (or acknowledged signing) this power of attorney in our presence. Neither of us is the agent named in this power of attorney, the notary public taking the acknowledgment, or a person who signed on behalf of the principal (20 Pa.C.S. § 5601(b)(3)(ii)).

X _____ Date _____

Witness 1 signature

Witness 1 printed name _____ Witness 1 address _____

X _____ Date _____

Witness 2 signature

Witness 2 printed name _____ Witness 2 address _____

ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

This record was acknowledged before me on _____ (date) by _____ (name(s) of individual(s)).

X _____

Signature of notarial officer

(Notary seal)

Title of office (e.g., Notary Public) _____

My commission expires _____ Commission number _____

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AGENT ACKNOWLEDGMENTS

Each agent, including each successor agent, must sign an acknowledgment before acting. Attach this page to the power of attorney.

ACKNOWLEDGMENT EXECUTED BY AGENT

(20 Pa.C.S. § 5601(d) — the agent has no authority to act until this acknowledgment is signed and attached)

Agent printed name

I, the person named above, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

X _____ Date

Agent signature

ACKNOWLEDGMENT EXECUTED BY SUCCESSOR AGENT 1

(20 Pa.C.S. § 5601(d) — the agent has no authority to act until this acknowledgment is signed and attached)

Successor Agent 1 printed name

I, the person named above, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

X _____ Date

Successor Agent 1 signature

ACKNOWLEDGMENT EXECUTED BY SUCCESSOR AGENT 2

(20 Pa.C.S. § 5601(d) — the agent has no authority to act until this acknowledgment is signed and attached)

Successor Agent 2 printed name

I, the person named above, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

X _____ Date

Successor Agent 2 signature

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