

# ARIZONA GENERAL POWER OF ATTORNEY

## 1. CHECK MARK ONE (1) TYPE OF POWER OF ATTORNEY:

- General Regular Power of Attorney (has a beginning and end date), OR
- General Durable Power of Attorney (ends upon Principal's death or revocation)

## 2. IDENTIFY the Principal and Attorney-in-Fact:

Name	Address of Residence	City	State	Zip Code	Date of Birth
<hr/> <b>Principal:</b>					

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**Agent / Attorney-In-Fact:**

## 3. MARK the Sections that apply to you.

Principal, an individual, hereby appoints the above-named Agent/Attorney-in-Fact to act in name and place of Principal to perform the following general matters.

Scope and extent of powers granted by the General Power of Attorney: to exercise any or all of the following powers concerning:

a. Personal Finances: to withdraw and deposit funds from bank accounts belonging to Principal and to enter and remove the contents of all safe deposit boxes rented by the principal; to ask, demand, sue for, recover, collect, and receive each and every sum of money, debt, account, legacy, bequest, interest, dividend, annuity and demand which now is or hereafter shall become due, owing or payable, belonging to or claimed by Principal and to use and take any lawful means for the recovery thereof by legal process or otherwise, and to execute and deliver a satisfaction or release therefor, together with the right and power to compromise or compound any claim or demand; to borrow money and to execute and deliver notes with or without security; and to loan money and receive notes with such security as Attorney-in-Fact shall deem proper;

b. Real property, or any interest therein or any improvements thereon: to contract for, purchase, receive and take possession thereof and of evidence and title thereto; to lease the same for any term or purpose, including leases for business residence; to sell, exchange, subdivide, grant or convey the same with or without warranty, covenant or restrictions; to mortgage, transfer in trust, or otherwise encumber the same to secure payment of a note or performance of any obligation or agreement;

c. Personal property: to contract for, buy, sell, exchange, transfer, endorse and in any legal manner deal in and with the same; and to mortgage, transfer in trust, or otherwise encumber the same to secure payment of a note of performance of any obligation or agreement;

d. Business Transactions of any kind, and as the act and deed of Principal to sign, execute, acknowledge and deliver any deed, lease, assignment of lease, covenant, indemnity, agreement, mortgage, deed of trust, assignment of mortgage, or beneficial interest under deed of trust, subdivision or plat, extension or renewal of any obligation, subordination or waiver of priority, bill of lading, bill of sale, bond, note, receipt, check, evidence of debt, full or partial release of mortgage judgment or other debt, and such other instruments in writing of any kind or class as may be necessary or proper in the premises;

e. To do and perform every and all acts required, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as Principal might or could do if personally present, hereby ratifying all that Attorney-in-Fact shall lawfully do or cause to be done by virtue of this General Power of Attorney.

**4. CHECK the ONE type of Power of Attorney that applies to you. Complete the information asked for in the Section.**

**General Regular Power of Attorney** - Has beginning and ending dates.

■ Effective Date: the time from which this document is operational: \_\_\_\_\_ , \_\_\_\_\_ .  
This General Power of Attorney begins on the above effective date and continues until the expiration date of \_\_\_\_\_ 20 \_\_\_\_\_ , unless the Principal revokes this Power of Attorney before expiration using a written document of \_\_\_\_\_ Revocation.

■ Manner of Revocation: The Principal may revoke this document in writing at any time before the expiration date for no reason or for cause. Also, if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document, the Principal may revoke in writing the Power of Attorney at any time before the expiration date.

**General Durable Power of Attorney** – Has a beginning effective date and lasts until the death of the Principal or until revocation.

■ Effective Date: the time from which this document is operational: \_\_\_\_\_ , 20 \_\_\_\_\_ .

■ Manner of Revocation: The Principal may revoke this document in writing at any time before the expiration date for no reason or for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document. *If the Principal becomes disabled or incapacitated, the Attorney-in-Fact may continue acting as such despite the disability, incapacity or the expiration date.*

**5. COMPENSATION of Attorney-in-Fact: None.**

**6. SIGNATURES.**

**For Principal:**

I, \_\_\_\_\_, the principal, sign my name to this power of attorney this \_\_\_\_ day of \_\_\_\_\_ 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 as required by A.R.S. § 14-5501, I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Principal

**For Witness:**

I, \_\_\_\_\_, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority 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 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.

\_\_\_\_\_  
Witness

**7. NOTARIZATION.**

**For Notary:**

The State of Arizona

County of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_, the principal, and subscribed and sworn to before me

by \_\_\_\_\_, witness, this \_\_\_\_\_ day of \_\_\_\_\_.

(seal)

(signed) \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)