



## **DURABLE FINANCIAL POWER OF ATTORNEY**

### SECTION 1 — PRINCIPAL INFORMATION

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone / Email: \_\_\_\_\_

### SECTION 2 — AGENT INFORMATION

Full Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone / Email: \_\_\_\_\_

### SECTION 3 — AUTHORITY

I grant my agent authority over financial matters, including banking, property, and financial decisions. This power remains effective if I become incapacitated.  
(Type additional info in the space provided below:)



Principal Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness 1 Name: \_\_\_\_\_

Witness 1 Signature: \_\_\_\_\_

Witness 2 Name: \_\_\_\_\_

Witness 2 Signature: \_\_\_\_\_

**SECTION 4 — NOTARY ACKNOWLEDGMENT**

State of Missouri

County of Jackson

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, who is known to me or proved to me through satisfactory evidence of identification to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein stated.

Notary Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

My Commission Expires

\_\_\_\_\_

Notary Public Seal