



POWER OF ATTORNEY

SECTION 1 — PRINCIPAL INFORMATION

Full Name: _____
Address: _____
City, State, ZIP: _____
Phone / Email: _____

SECTION 2 — AGENT INFORMATION

Full Name: _____
Relationship: _____
Address: _____
Phone / Email: _____

SECTION 3 — GRANT OF AUTHORITY

I, _____, hereby appoint the above-named individual as my agent (attorney-in-fact) to act on my behalf in the following matters:

- Financial matters
- Property transactions
- Business operations
- Personal affairs
- Other: _____

Scope / limitations of authority:
(Provide details in the space below:)



SECTION 4 — EFFECTIVE DATE

This power of attorney shall be:

- Effective immediately
- Effective on: _____

- Durable (remains in effect if I become incapacitated)
- Non-durable

Principal Signature: _____
Printed Name: _____
Date: _____

Witness 1 Name: _____
Witness 1 Signature: _____

Witness 2 Name: _____
Witness 2 Signature: _____

SECTION 5 — 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