

# **DURABLE POWER OF ATTORNEY FORM FOR PROPERTY MANAGEMENT**

## **1. Principal (Person Granting Power)**

Full Legal Name

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Address

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City, State, ZIP

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## **2. Agent (Person Granted Power)**

Full Legal Name

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Address

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City, State, ZIP

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## **3. Grant of Power**

Describe the property management powers granted (e.g. buying, selling, renting, managing properties, colle

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## **4. Property Description (Optional)**

List and describe the properties to which this Power of Attorney applies, if applicable.

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## **5. Durability**

This Power of Attorney shall remain in effect if I become incapacitated or disabled, unless otherwise revoked according to law.

Date

MM/DD/YYYY

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Principal's Signature

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Agent's Signature

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## **Notarization (If Required)**

State of State )

County of County )

On this Day    day of Month   , Year   , before me, the undersigned, a Notary Public in and for

said State, personally appeared Principal Name, known to me (or satisfactorily proven to

be the person whose name is subscribed to the above instrument, and acknowledged that he/she executed the same for the purposes stated therein.

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Notary Public Signature