

DURABLE POWER OF ATTORNEY
INFORMATION SHEET

Grantor's Complete Name (the individual granting the power):

Address: _____ Phone#: _____

Grantee's Name (the individual receiving the power):

Address: _____ Phone#: _____

Are you of sound mind and under no constraint or undue influence? ___ yes ___ no

Indicate the effective date:

___ upon signing

___ when incapacitated

From: _____ to _____

Dated: _____

Signature of Party

DISCLOSURE FROM NONLAWYER

I, _____, certify that Jennifer M. Kerns of Professional Services by Jenn & Jenn, LLC, explained to me that he or she is not an attorney who is a member in good standing of the Florida Bar and that he or she CANNOT: 1) give me legal advice; 2) tell me what my legal rights or remedies are; 3) represent me in court; or 4) tell me how to testify in court.

This nonlawyer further explained to me that he or she CAN ONLY: 1) help me fill out forms that have been approved by the Supreme Court of Florida; 2) ask me questions to fill in the form(s); and 3) show or explain to me how to file the form(s).

___ I can read English.

___ I can not read English, but this disclosure was read to me _____
_____ in _____

Dated: _____

Signature of Party

Jennifer M. Kerns
Professional Services by Jenn & Jenn, LLC
6554 103rd Street
Jacksonville, FL 32210
904-777-1533