

**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 #: \_\_\_\_\_

\_\_\_\_\_

Indicate the effective date:

\_\_\_\_\_ upon signing

\_\_\_\_\_ When incapacitated

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_