## **Elderly Care Power of Attorney**

## **Principal Information** Full Name Address **Attorney-in-Fact Information** Full Name Address **Powers Granted Description of Powers Effective Date** Date **Additional Instructions** Instructions (if any) **Signatures** Principal Signature

Date

Attorney-in-Fact Signature		
Date		
Date		
\\ <i>!</i> :4		
Witness/Notary		
Witness or Notary Name		
0:		
Signature		
Date		