

**DURABLE POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That \_\_\_\_\_,  
whose Social Security Number is \_\_\_\_\_, of \_\_\_\_\_,  
Baker County, Florida, hereby make, constitute and appoint, \_\_\_\_\_,  
his/her Social Security Number is \_\_\_\_\_, of \_\_\_\_\_,  
Baker County, Florida my true and lawful attorney, for me in my name, place and stead, and for my use  
and benefit to include only the authority for the attorney in fact to arrange for and consent to medical  
therapeutical, and surgical procedure for the principal including the administration of drugs.

It is my specific intent to give and grant hereby to my attorney full power and authority to do  
and perform each and every act and thing whatsoever requisite and necessary to be done in or on my  
behalf, or about the premises, as fully to all intents and purposes as I might do it personally present and  
acting without any limitation(s) whatsoever.

This Durable Power of Attorney shall not be affected or revoked by my disability or  
incompetency, except as provided by Section 709.08, Florida Statutes. Notification has been made  
pursuant to Section 709.08(4), Florida Statutes.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed, Sealed and Delivered in the presence of:

\_\_\_\_\_  
Witness:  
Address:

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Witness:  
Address:

STATE OF FLORIDA  
COUNTY OF BAKER

BEFORE ME, the undersigned authority, this day personally appeared, \_\_\_\_\_  
\_\_\_\_\_, of Baker County, Florida to me well known and know to be the person  
described in and who executed the foregoing Durable Power of Attorney; and acknowledged to me and  
before me that he/she executed the instrument for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: