





TO ESTABLISH WHEN, AND FOR HOW LONG, THE BASIC POWER OF ATTORNEY FOR FINANCES AND PROPERTY IS IN EFFECT, YOU MUST INITIAL ONLY ONE OF THE FOLLOWING 3 OPTIONS. IF YOU DO NOT INITIAL ONE, OR IF YOU INITIAL MORE THAN ONE, THIS BASIC POWER OF ATTORNEY FOR FINANCES AND PROPERTY WILL NOT TAKE EFFECT.

*Initials*

\_\_\_\_\_ This basic power of attorney for finances and property becomes effective when I sign it and will continue in effect as a durable power of attorney under section 243.07, Wisconsin Statutes, if I become disabled or incapacitated.

\_\_\_\_\_ This basic power of attorney for finances and property becomes effective only when both of the following apply:

- a. I have signed it; and
- b. I become disabled and incapacitated

\_\_\_\_\_ This basic power of attorney for finances and property becomes effective when I sign it BUT WILL CEASE TO BE EFFECTIVE IF I BECOME DISABLED OR INCAPACITATED.

I agree that any 3<sup>rd</sup> party who receives a copy of this document may act under it. Revocation of this basic power of attorney is not effective as to a 3<sup>rd</sup> party until the 3<sup>rd</sup> party learns of the revocation. I agree to reimburse the 3<sup>rd</sup> party for any loss resulting from claims that arise against the 3<sup>rd</sup> party because of reliance on this basic power of attorney.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(your signature)

By signing as a witness, I am acknowledging the signature of the principal who signed in my presence and the presence of the other witness; and the fact that he or she stated that this power of attorney reflects his or her wishes and is being executed voluntarily. I believe him or her to be of sound mind and capable of creating this power of attorney. I am not related to him or her by blood or marriage, and, to the best of my knowledge, I am not entitled to any portion of his or her estate under his or her will.

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

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

Date: \_\_\_\_\_

Dated: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

State of Wisconsin,

\_\_\_\_\_, County

This document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (Name of Principal).

\_\_\_\_\_  
(Signature of Notary Officer)

My commission is permanent or expires: \_\_\_\_\_

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES AND LIABILITY OF AN AGENT.

\_\_\_\_\_  
(Name of Agent)

\_\_\_\_\_  
(Name of Agent)

\_\_\_\_\_  
(Signature of Agent)

\_\_\_\_\_  
(Signature of Agent)