

FLORIDA REAL ESTATE POWER OF ATTORNEY

I, _____ (*name*), currently residing at _____
_____ (*address*), hereby appoint
_____ (*agent s name*), currently residing at
_____ (*address*), as my agent
(*attorney-in-fact*) to act for me in any lawful way with respect to the following limited
purpose(s) regarding real estate: (*initial all powers granted*)

_____ The power to manage the real property located at _____,
which management duties may include, but are not limited to, the power to: sign agreements;
make repairs or perform maintenance; hire personnel to assist in such repairs or maintenance;
negotiate leases; set rents; evict tenants; pay property taxes; pay insurance costs; and to do any
and all acts regarding the management of the real property that I would otherwise have the power
to do.

_____ The power to sell the real property located at _____.
Such power may include, but is not limited to, the power to: hire and fire real estate agents or
real estate brokers; set, increase, or reduce the sale price; negotiate offers; execute contracts,
deeds, or any other documents necessary for the sale; communicate with escrow agents; accept
the closing proceeds of any sale on my behalf; and to do any and all acts regarding the sale of the
real property that I would otherwise have the power to do.

_____ The power to purchase the real property located at _____.
Such power may include, but is not limited to, the power to: hire and fire real estate agents or
real estate brokers; make and negotiate offers; execute contracts, deeds, or any other documents
necessary for the purchase; communicate with escrow agents; and withdraw and transmit the
funds for the purchase on my behalf; and to do any and all acts regarding the purchase of the real
property that I would otherwise have the power to do.



_____ The power to rent the real property located at _____.
Such power may include, but is not limited to, the power to: hire and fire real estate agents or real estate brokers; apply for rental properties on my behalf; authorize any background check necessary for such rental; negotiate rents and costs; pay rental or associated fees; and to do any and all acts regarding the rental of the real property that I would otherwise have the power to do.

_____ The power to refinance the real property located at _____.
Such power may include, but are not limited to, the power to: select the refinancing company; negotiate the terms of the refinancing; granting permission for home inspections or other items necessary for the refinancing; execute contracts or any other documents necessary for the refinancing; withdraw and transmit the funds for the refinancing on my behalf; and to do any and all acts regarding the refinancing of the real property that I would otherwise have the power to do.

_____ Other powers listed below:

SPECIAL INSTRUCTIONS:

THE FOREGOING POWERS ARE SPECIFICALLY INTENDED TO PERTAIN SOLELY AND BE LIMITED TO ALL DECISIONS AND ACTIONS TO BE MADE OR TAKEN IN CONNECTION WITH THE LIMITED PURPOSES DESCRIBED ABOVE.

EFFECTIVE DATE:

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL REVOCATION, MY DEATH, OR _____, 20__.



(initial one choice below)

_____ THIS POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN
THOUGH I BECOME INCAPACITATED.

_____ THIS POWER OF ATTORNEY SHALL CEASE TO BE EFFECTIVE UPON MY
INCAPACITY.

Successor Attorney- in-Fact. If _____ (agent's name) is unable or unwilling to
serve or to continue to serve as my attorney-in-fact for any reason, then _____
(alternate agent's name), presently residing at _____
(address) is hereby appointed successor attorney-in-fact hereunder.

I agree that any third party who receives a copy of this document may act under it.
Revocation of the power of attorney is not effective as to a third party until the third party has
actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise
against the third party because of reliance on this power of attorney.

Signed this _____ day of _____, 20____.

(signature)

(printed name)



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF FLORIDA)

COUNTY OF _____) ss

On _____ before me, _____,
(insert name and title of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)



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