Date: [Insert Date]

To: [Name of Agent/Attorney-in-Fact]
Address: [Insert Address]

Subject: Letter of Instruction regarding Revocable Power of Attorney

Dear [Name of Agent],

Enclosed with this letter is a copy of the Revocable Power of Attorney designating you as my Attorney-in-Fact. This document grants you the authority to act on my behalf regarding [insert scope, e.g., my financial affairs / medical decisions / specific real estate transaction].

Please adhere to the following instructions regarding the use of this power:

- **Effective Date:** This power is effective [immediately / only upon my incapacity as certified by a physician].
- **Scope of Authority:** You are authorized to [insert specific tasks, e.g., pay monthly bills from my primary checking account, manage my property at 123 Main St, etc.].
- **Communication:** Please provide me with a [monthly/quarterly] summary of any actions taken or transactions made on my behalf.
- **Record Keeping:** You must maintain accurate records and receipts for all transactions conducted under this authority.
- **Revocation:** As this is a Revocable Power of Attorney, I reserve the right to terminate your authority at any time by providing written notice.

In exercising this power, you have a fiduciary duty to act in my best interests and in accordance with my known wishes. If you have any questions regarding these instructions, please contact me immediately.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]

Acknowledgment of Receipt:

I, [Name of Agent], acknowledge receipt of the Revocable Power of Attorney and these instructions, and I agree to act in accordance with them.

_____
[Agent Signature] / [Date]