Date: [Insert Date]

To: [Name of Agent/Attorney-in-Fact]
[Address]
[City, State, Zip Code]

Subject: Letter of Instruction Regarding Execution of Springing Power of Attorney

Dear [Name of Agent],

I am writing to provide you with specific instructions regarding the Springing Durable Power of Attorney that I executed on [Date of Original Document].

As you are aware, this Power of Attorney is "springing," meaning it only becomes effective upon a specific event-specifically, my clinical incapacity or disability as determined by a licensed physician.

1. Triggering Event:
You are authorized to act as my Agent only after you have obtained a written certification from my primary care physician, or a specialist familiar with my condition, stating that I am no longer able to manage my own financial or personal affairs.

2. Immediate Actions Upon Activation:
Once the Power of Attorney is activated, please perform the following tasks:
- Notify my financial institutions: [List Banks/Institutions]
- Manage payment of recurring bills: [List Bills/Mortgage]
- Access my records located at: [Location of Files/Safe Deposit Box]

3. Communication:
In the event of my incapacity, please keep the following individuals informed of major decisions regarding my estate:
- [Name of Family Member/Successor Agent]
- [Name of Attorney/Accountant]

4. Limitations:
[Insert any specific restrictions or limitations on the Agent's power here].

I trust your judgment and appreciate your willingness to serve in this capacity should the need arise. Please keep a copy of this letter with the original Power of Attorney document.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Address]
[Your Phone Number]