

IDAHO DURABLE POWER OF ATTORNEY

IMPORTANT INFORMATION

This power of attorney authorizes another person(s) (your agent(s)) to make decisions concerning your property for you (the principal). Your agent(s) can make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the uniform power of attorney act, chapter 12, title 15, Idaho Code.

This power of attorney does not authorize the agent(s) to make health care decisions for you.

You should select someone you trust to serve as your agent(s). The agent's authority will continue until your death unless you revoke the power of attorney or the agent(s) resigns.

Your agent(s) is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for the designation of two agents. If you wish to name more than two agents, you may name the additional agents in the Special Instructions. Coagents are not required to act together unless you include that requirement.

If your agent(s) is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

If you have questions about the power of attorney or the authority you are granting to your agent(s), you should seek legal advice before signing this form.

DESIGNATION OF AGENT(S)

I _____ [Name of Principal] name the following person(s) as my agent(s):

Name of Agent: _____

Agent's Address: _____

Agent's Telephone Number: _____

(If applicable)

Name of Co-agent: _____

Co-agent's Address: _____

Co-agent's Telephone Number: _____

Agents I designated above must act jointly separately.

(Check if applicable. Strike out if not.)

I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given or empowering another agent to act as my true and lawful attorney in fact. I declare that all power and



authority granted under said power of attorney is hereby revoked and withdrawn.

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent(s) is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: _____
Successor Agent's Address: _____
Successor Agent's Phone Number: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: _____
Second Successor Agent's Address: _____
Second Successor Agent's Phone Number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent(s) and any successor agent(s) general authority to act for me with respect to the following subjects as defined in the uniform power of attorney act, chapter 12, title 15, Idaho Code:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

- Real Property
- Tangible Personal Property
- Stocks and Bonds
- Commodities and Options
- Banks and Other Financial Institutions
- Operation of an Entity or Business
- Insurance and Annuities
- Estates, Trusts, and Other Beneficial Interests
- Claims and Litigation
- Personal and Family Maintenance
- Benefits from Governmental Programs or Civil or Military Service
- Retirement Plans
- Taxes
- All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent(s) MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent(s) the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent(s).)

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of the uniform power of attorney act, chapter 12, title 15, Idaho Code, and any special instructions in this power of attorney
- Make a gift without limitations except any special instructions in this power of attorney
- Create or change rights of survivorship



- Create or change a beneficiary designation
- Authorize another person to exercise the authority granted under this power of attorney
- Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- Exercise fiduciary powers that the principal has authority to delegate

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent(s) or a person to whom the agent(s) owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

On the following lines you may give special instructions:

EFFECTIVE DATE

- This power of attorney is effective immediately and will continue until it is revoked.
- This power of attorney is effective upon the incapacity of the principal.
- This power of attorney is effective on _____, 20 _____.
- This power of attorney is effective upon the occurrence of the following future event or contingency:
_____.

TERMINATION

This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.

NOMINATION OF CONSERVATOR (OPTIONAL)

If it becomes necessary for a court to appoint a conservator of my estate, I nominate the following person(s) for appointment:

Name of Nominee for conservator of my estate: _____
 Nominee's Address: _____
 Nominee's Phone Number: _____

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent(s), may rely upon the validity of this power of attorney or a copy of it unless that person knows it is terminated or invalid.



SIGNATURE AND ACKNOWLEDGMENT OF PRINCIPAL

OPTION ONE - IF YOU ARE ABLE TO SIGN ON YOUR OWN (Check if applicable. Strike out if not.)

Principal's Signature: _____ Date: _____
Principal's Name Printed: _____
Principal's Address: _____
Principal's Phone Number: _____

NOTARY - REQUIRED FOR RECORDING AND FOR REAL PROPERTY

State of Idaho)
) ss.
County of _____)

On this _____ day of _____, in the year of 20 _____, before me [here insert the name and quality of the officer e.g. a Notary Public in and for said state], personally appeared _____, known or identified to me (or proved to me on the oath of _____), to be the person whose name is subscribed to the within instrument, and acknowledged to me that he (or they) executed the same.

Signature of Notary Public for Idaho _____

Residing at _____

My commission expires on _____

OPTION TWO - IF YOU ARE UNABLE TO SIGN ON YOUR OWN AND DIRECT THE NOTARY TO SIGN FOR YOU (Check if applicable. Strike out if not.)

Signature of person by notary: _____

Witness Signature: _____

Signature affixed by notary in the presence of _____ [Names of Person and Witness].

State of Idaho)
) ss.
County of _____)

On this _____ day of _____, in the year 20 _____, before me _____ [Name and Quality of the Officer], personally appeared _____, known or identified to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same by directing the undersigned notary to affix his signature thereto.



Signature of Notary Public for Idaho _____

Residing at _____

(Official signature and seal)

My commission expires on _____

IMPORTANT INFORMATION FOR AGENT(S)

AGENT'S DUTIES

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) Act in good faith;
- (3) Do nothing beyond the authority granted in this power of attorney; and
- (4) Disclose your identity as an agent whenever you act for the principal by signing the name of the principal and signing your own name as "agent" in the following manner:

_____ (Principal's Name) by _____ (Your Signature) as agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) Act loyally for the principal's benefit;
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) Act with care, competence and diligence;
- (4) Keep a record of all receipts, disbursements, and transactions conducted for the principal;
- (5) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) Death of the principal;
- (2) The principal's revocation of the power of attorney or your authority;
- (3) The occurrence of a termination event stated in the power of attorney;
- (4) The purpose of the power of attorney is fully accomplished; or
- (5) A legal action is filed with a court to end your marriage to the principal, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

LIABILITY OF AGENT(S)

The meaning of the authority granted to you is defined in the Uniform Power of Attorney Act, Chapter 12,



Title 15, Idaho Code. If you violate the Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code, or act outside the authority granted, you may be liable for any damages caused by your violation.

IF THERE IS ANYTHING ABOUT THIS DOCUMENT OR YOUR DUTIES THAT YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL ADVICE.

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of Idaho
County of _____

I, _____ [Name of Agent], certify under penalty of perjury that
_____ [Name of Principal] granted me authority as an agent or successor
agent in a power of attorney dated _____.

I, further certify that to my knowledge:

(1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, that the prior agent is no longer able or willing to serve; and

(4) _____
_____ [Insert other relevant statements]

(If applicable)

State of Idaho _____
County of _____

I, _____ [Name of Co-agent], certify under penalty of perjury that
_____ [Name of Principal] granted me authority as an agent or successor
agent in a power of attorney dated _____.

I, further certify that to my knowledge:

(1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, that the prior agent is no longer able or willing to serve; and

(4) _____
_____ [Insert other relevant statements]



SIGNATURE AND ACKNOWLEDGMENT OF AGENT(S)

Agent's Signature _____ Date _____

Agent's Name Printed: _____

Agent's Address: _____

Agent's Telephone Number: _____

(If applicable)

Co-agent's Signature _____ Date _____

Co-agent's Name Printed: _____

Co-agent's Address: _____

Co-agent's Telephone Number: _____

NOTARY PUBLIC

State of Idaho

County of _____

This document was acknowledged before me on _____, by _____ [Name of Agent].

Signature of Notary Public for Idaho: _____

Residing at: _____

My commission expires: _____

(If applicable)

State of Idaho

County of _____

This document was acknowledged before me on _____, by _____ [Name of Co-agent].

Signature of Notary Public for Idaho: _____

Residing at: _____

My commission expires: _____

