

MASSACHUSETTS DURABLE POWER OF ATTORNEY

IMPORTANT INFORMATION

This power of attorney authorizes another person(s) (your attorney in fact) to make decisions concerning your property for you (the principal). Your attorney(s) in fact will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself.

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

You should select someone you trust to serve as your attorney(s) in fact. Unless you specify otherwise, generally the attorney in fact's authority will continue until you die or revoke the power of attorney or the attorney(s) in fact resigns or is unable to act for you.

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

This form provides for the designation of two attorneys in fact. If you wish to name more than two attorneys in fact, you may name the additional attorneys in fact in the Special Instructions.

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

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

DESIGNATION OF ATTORNEY(S) IN FACT

I, _____ [Name of Principal] of _____
[Address], designate _____ [Name of Attorney in Fact] of _____
_____ [Address] and _____ [Name of
Co-attorney in Fact] of _____ [Address], as my
attorney(s) in fact to act for me and in my name and for my use and benefit.

(If applicable)

Attorneys in fact I designated above must act jointly separately.

DESIGNATION OF SUCCESSOR ATTORNEY(S) IN FACT (OPTIONAL)

If my attorney(s) in fact is unable or unwilling to act for me, I name _____ [Name of Successor
Attorney in Fact] of _____ [Address] as my
successor attorney in fact.

If my successor attorney in fact is unwilling or unable to act for me, I name _____ [Optional
Name of Second Successor Attorney in Fact] of _____
[Address] as my second successor attorney in fact.



GRANT OF GENERAL AUTHORITY

I grant my attorney(s) in fact and any successor attorney(s) in fact general authority to act for me with respect to the following subjects:

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

- (A) Real property
- (B) Tangible personal property
- (C) Stocks and bonds
- (D) Commodities and options
- (E) Banks and Other Financial Institutions
- (F) Operation of Entity or Business
- (G) Insurance and Annuities
- (H) Estates, Trusts, and Other Beneficial Interests
- (I) Claims and Litigation
- (J) Personal and Family Maintenance
- (K) Benefits from Governmental Programs or Civil or Military Service
- (L) Retirement Plans
- (M) Taxes
- (N) All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My attorney(s) in fact 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 attorney(s) in fact 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 attorney(s) in fact.)

- (A) Create, amend, revoke, or terminate an inter vivos trust
- (B) Make a gift subject to any special instructions in this power of attorney
- (C) Create or change rights of survivorship
- (D) Create or change a beneficiary designation
- (E) Authorize another person to exercise the authority granted under this power of attorney
- (F) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- (G) Exercise fiduciary powers that the principal has authority to delegate
- (H) Access the content of electronic communications

LIMITATION ON ATTORNEY IN FACT'S AUTHORITY

An attorney in fact that is not my ancestor, spouse, or descendant may **not** use my property to benefit the attorney in fact or a person to whom the attorney in fact owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:



EFFECTIVE DATE

- This power of attorney is effective immediately.
- This power of attorney is effective on _____, 20 _____.
- This power of attorney is effective upon the disability or incapacity of the principal.
- This power of attorney is effective upon the occurrence of the following 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 OR GUARDIAN (OPTIONAL)

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

Name of Nominee for Conservator of my Estate: _____
Nominee's Address: _____
Nominee's Telephone Number: _____

Name of Nominee for Guardian of my Person: _____
Nominee's Address: _____
Nominee's Telephone Number: _____

RELIANCE ON THIS POWER OF ATTORNEY

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

SIGNATURE AND ACKNOWLEDGMENT

Principal's Signature: _____ Date: _____

(If applicable)

by:

Representative's Name Printed: _____

Representative's Signature _____



signing on behalf of:

Principal's Name Printed:

Principal's Address:

Principal's Telephone Number:

WITNESSES

The declarant appeared to be at least eighteen years of age, of sound mind and under no constraint or undue influence, and voluntarily signed this document in my presence.

FIRST WITNESS:

First Witness' Signature

Date

First Witness' Name

First Witness' Address

City

State

Zip Code

SECOND WITNESS:

Second Witness' Signature

Date

Second Witness' Name

Second Witness' Address

City

State

Zip Code

NOTARY ACKNOWLEDGMENT

Commonwealth/State of _____

County of _____



On this _____ day of _____, 20____, before me personally appeared _____ [Name of Principal/Representative], to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

Notary Public

Print Name: _____

My commission expires: _____

