

MASSACHUSETTS LIMITED (SPECIAL) 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 agent. The agent's authority will commence and terminate as specifically stated in this document, reflecting the limited and specific nature of the tasks for which this power of attorney is enacted.

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 with clear definitions of when and how each agent's power will be enacted and ceased.

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 SPECIFIC AUTHORITY

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

This authority is confined strictly to the acts specified here and does not extend to any other acts. It will be valid for the period stated in the Effective Date section, unless I have stated otherwise in a subsequent legal document or in the Special Instructions of this document.

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 (Check one):

- immediately
- on _____, 20__
- upon the occurrence of the following event or contingency: _____
- upon the incapacity of the principal

(If applicable)

This power of attorney will remain in effect until (Check one):

- _____, 20__, unless earlier revoked or terminated by the specific conditions stated in the Termination.
- the occurrence of the following condition: _____, unless earlier revoked or terminated by the specific conditions stated in the Termination.
- _____, 20__, or upon the occurrence of the following condition: _____, whichever occurs earlier, unless earlier revoked or



terminated by the specific conditions stated in the Termination.

TERMINATION

Regular Limited Power of Attorney. This power of attorney will automatically terminate upon the earliest of the following:

1. Completion of the specified act or transaction for which this power of attorney was granted.
2. A specific date or event as mentioned in the 'Effective Date' section of this document.
3. My revocation of this power of attorney in writing or the agent dies, becomes incapacitated, or resigns and the power of attorney does not provide for another agent to act under the power of attorney
4. My death.
5. Upon my disability or incapacity, if the power of attorney is not durable.

Durable Limited Power of Attorney. This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time but will automatically terminate upon the earliest of the following:

1. Completion of the specified act or transaction for which this power of attorney was granted.
2. A specific date or event as mentioned in the 'Effective Date' section of this document.
3. My revocation of this power of attorney in writing or the agent dies, becomes incapacitated, or resigns and the power of attorney does not provide for another agent to act under the power of attorney.
4. My death.

Any action taken by the agent under this power of attorney before its termination in reliance upon it will be valid unless the third party knew or should have known of the termination.

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: _____

