

NEW HAMPSHIRE DURABLE POWER OF ATTORNEY

INFORMATION CONCERNING THE POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT YOU SHOULD KNOW THESE IMPORTANT FACTS:

Notice to the Principal: As the "Principal," you are using this Power of Attorney to grant power to another person(s) (called the "Agent") to make decisions, including, but not limited to, decisions concerning your money, property, or both, and to use your money, property, or both on your behalf. If this Power of Attorney does not limit the powers that you give to your Agent, your Agent will have broad and sweeping powers to sell or otherwise dispose of your property, and to spend your money without advance notice to you or approval by you. Unless you have expressly provided otherwise in this Power of Attorney, your Agent will have these powers before you become incapacitated, and unless you have expressly provided otherwise in this Power of Attorney, your Agent will continue to have these powers after you become incapacitated. You have the right to retain this Power of Attorney and to release it later or to request that another person retain this Power of Attorney on your behalf and release it only if one or more conditions specified in advance by you are satisfied. You have the right to revoke or take back this Power of Attorney at any time, so long as you are of sound mind. If there is anything about this Power of Attorney that you do not understand, you should seek professional advice.

Principal's Signature: _____

Date: _____

1. DESIGNATION OF AGENT(S)

I, _____, of _____, name the following person(s) as my agent(s):

Name of Agent: _____

Agent's Address: _____

Name of Co-agent: _____

Co-agent's Address: _____

2. DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

Name of Successor Agent: _____

Successor Agent's Address: _____



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

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

3. REVOCATION OF EXISTING POWERS OF ATTORNEY

_____ This Power of Attorney revokes all existing powers of attorney previously executed by me.

4. GRANT OF GENERAL AUTHORITY

_____ **A. I grant my agent(s) general authority to act for me in all matters, including, without limitation, all of the subjects enumerated in B below.**

_____ **B. I grant my agent(s) general authority over the following subjects as defined in the following sections of the Uniform Power of Attorney Act:**

_____ Real Property as defined in RSA 564-E:204

_____ Tangible Personal Property as defined in RSA 564-E:205

_____ Stocks and Bonds as defined in RSA 564-E:206

_____ Commodities and Options as defined in RSA 564-E:207

_____ Banks and Other Financial Institutions as defined in RSA 564-E:208

_____ Operation of Entity or Business as defined in RSA 564-E:209

_____ Insurance and Annuities as defined in RSA 564-E:210

_____ Estates, Trusts and Other Beneficial Interests as defined in RSA 564-E:211

_____ Claims and Litigation as defined in RSA 564-E:212

_____ Personal and Family Maintenance as defined in RSA 564-E:213

_____ Benefits from Governmental Programs or Civil or Military Service as defined in RSA 564-E:214

_____ Retirement Plans as defined in RSA 564-E:215

_____ Taxes as defined in RSA 564-E:216

_____ Digital Assets

5. 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:

_____ Create, amend, revoke, or terminate an inter vivos trust

_____ Make a gift, subject to the limitations of RSA 564-E:217 of the Uniform Power of Attorney Act

_____ My agent(s) may make a gift, even if it will leave me without sufficient assets or income to provide for my care without relying on Medicaid, other public assistance or charity

_____ My agent(s) may make a gift to himself or herself and to any individual to whom my agent(s) owes a legal obligation of support

_____ Create or change rights of survivorship

_____ Create or change a beneficiary designation

_____ Delegate authority granted under this Power of Attorney to another person

_____ Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

_____ Exercise the fiduciary power(s) that I have the authority to delegate as specified in the "Special Instructions" in Paragraph 7 of this Power of Attorney

_____ Exercise authority over the content of electronic communication sent or received by me

_____ Exercise authority with respect to intellectual property, including, without limitation, copyrights, contracts for payment of royalties, and trademarks

6. LIMITATION ON AGENT'S AUTHORITY (OTHER THAN GIFTING)

_____ My agent(s) may exercise authority under this Power of Attorney to create in my agent(s), or in an individual to whom my agent(s) owes a legal obligation of support, an interest in my property by any manner (other than a gift), including, without limitation, by right of survivorship, beneficiary designation, or disclaimer.

7. SPECIAL INSTRUCTIONS (OPTIONAL)

(Here you may include special instructions. You may leave this Paragraph blank. You may attach additional pages as necessary.)

8. EFFECTIVE DATE AND AUTHORITY OF AGENT(S)

_____ This power of attorney is effective immediately.



_____ This power of attorney is effective upon the incapacity of the principal or the principal's inability to make decisions or take care of their own financial needs.

_____ This power of attorney is effective upon the occurrence of when the following future event or contingency: _____.

An agent (including successor agent) named in this Power of Attorney will have no authority to act as my agent until he or she has signed and affixed to this Power of Attorney an acknowledgment that is substantially the same as the Acknowledgment at the end of this Power of Attorney.

9. TERMINATION

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

10. GOVERNING LAW

This Power of Attorney shall be governed by the laws of the State of New Hampshire.

11. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent(s), may rely upon this Power of Attorney if it is acknowledged before a notary public or other individual authorized to take acknowledgements (or a copy of the acknowledged Power of Attorney), unless that person knows it is void, invalid, or terminated.

SIGNATURE AND ACKNOWLEDGMENT

Principal 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: _____

NOTARY PUBLIC

STATE OF _____



COUNTY OF _____

The foregoing Power of Attorney was acknowledged before me on _____, by _____ [Name of Principal/Representative] known to me or satisfactorily proven to be the person named herein.

Signature of Notarial Officer

[Notary Seal, if any]:

Title (and Rank): _____

My commission expires: _____

AGENT(S) ACKNOWLEDGMENT

Notice to Agent(s): You will have no authority to act as agent under this Power of Attorney until you sign and affix this acknowledgment to the Power of Attorney.

I, _____, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent I am given power under the power of attorney to make decisions about money, property, or both belonging to the principal, and to spend the principal's money, property, or both on the principal's behalf, in accordance with the terms of the power of attorney. When acting as agent, I have duties (called "fiduciary duties") to act in the principal's best interest, to act in good faith, and to act only within the scope of authority granted in the power of attorney, as well as other duties imposed by law to the extent not provided otherwise in the power of attorney. As an agent, I am not entitled to use the money or property for my own benefit or to make gifts to myself or others unless the power of attorney specifically gives me the authority to do so. As an agent, my authority under the power of attorney will end when the principal dies and I will not have authority to manage or dispose of any property or administer the estate of the principal. If I violate a fiduciary duty under the power of attorney, I may be liable for damages and may be subject to criminal prosecution. If there is anything about this power of attorney, or my duties under it, that I do not understand, I understand that I should seek professional advice.

Agent's Signature: _____

Date: _____

(If applicable)

I, _____, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent I am given power under the power of attorney to make decisions about money, property, or both belonging to the principal, and to spend the principal's money, property, or both on the principal's behalf, in accordance with the terms of the power of attorney. When acting as agent, I have duties (called "fiduciary duties") to act in the principal's best interest, to act in good faith, and to act only within the scope of authority granted in the power of attorney, as well as other duties imposed by law to the extent not provided otherwise in the power of attorney. As an agent, I am not entitled to use the money or property for my own benefit or to make gifts to myself or others unless the power of attorney specifically gives me the authority to do so. As an agent, my authority under the power of attorney will end when the principal dies and I will not have



authority to manage or dispose of any property or administer the estate of the principal. If I violate a fiduciary duty under the power of attorney, I may be liable for damages and may be subject to criminal prosecution. If there is anything about this power of attorney, or my duties under it, that I do not understand, I understand that I should seek professional advice.

Co-agent's Signature: _____

Date: _____

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

STATE OF _____

COUNTY OF _____

I, _____, certify under penalty of perjury that _____ granted me authority as an 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, the prior agent is no longer able or willing to serve; and

(4) _____ [Insert Other Relevant Statement(s)].

(If applicable)

STATE OF _____

COUNTY OF _____

I, _____, certify under penalty of perjury that _____ granted me authority as an 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, the prior agent is no longer able or willing to serve; and



(4) _____ [Insert Other Relevant Statement(s)].

SIGNATURE AND ACKNOWLEDGMENT

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 _____

COUNTY OF _____

The foregoing Power of Attorney was acknowledged before me on _____, by
_____ [Name of Agent] known to me or satisfactorily proven to be the person named herein.

Signature of Notarial Officer

[Notary Seal, if any]:

Title (and Rank): _____

My commission expires: _____

(If applicable)

STATE OF _____



COUNTY OF _____

The foregoing Power of Attorney was acknowledged before me on _____, by
_____ [Name of Co-agent] known to me or satisfactorily proven to be the person named
herein.

Signature of Notarial Officer

[Notary Seal, if any]:

Title (and Rank): _____

My commission expires: _____

