

State of Rhode Island

RHODE ISLAND LIMITED (SPECIAL) POWER OF ATTORNEY

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document which is authorized by the general laws of this state. The powers granted by this document are limited and specific. They are defined in §§ 18-16-1 to 18-16-12, both inclusive, of the general laws in chapter 18-16 entitled "Rhode Island Short Form Power of Attorney Act."

The use of the short form power of attorney is strictly voluntary, and chapter 18-16 specifically authorizes the use of any other or different form of power of attorney upon mutual agreement of the parties concerned.

Known All Men by These Presents, which are intended to constitute a LIMITED POWER OF ATTORNEY pursuant to the Rhode Island Short Form Power of Attorney Act:

That I, _____ [Name of Principal], _____ [Address] do hereby appoint _____ [Name of Agent], _____ [Address] and _____ [Optional Name of Co-agent], _____ [Address] my attorney(s)-in-fact TO ACT _____ [jointly/severally]. (If more than one agent is designated and the principal wishes each agent alone to be able to exercise the power conferred, insert in this blank the word "severally". Failure to make any insertion or the insertion of the word "jointly" shall require the agents to act jointly.)

(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 I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

First: In my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters as defined in the Rhode Island Statutory Short Form Power of Attorney Act to the extent that I am permitted by law to act through an agent(s):

Second: 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.

Third: (Check one):

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.

Fourth: Hereby ratifying and confirming all that said attorney(s) or substitute(s) do or cause to be done.



SIGNATURE AND ACKNOWLEDGMENT OF PRINCIPAL

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: _____

NOTARY PUBLIC

State of _____

County of _____

This document was acknowledged before me on _____, by
_____ [Name of Principal/Representative].

Signature of Notary _____
(Seal, if any)

My commission expires: _____

This document prepared by: _____



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 writing or printing 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 made on behalf of 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 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) if you are married to the principal, a legal action is filed with a court to end your marriage, 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

The meaning of the authority granted to you is defined in the Rhode Island Short Form Power of Attorney Act, Chapter 18-16. If you violate the Rhode Island Short Form Power of Attorney Act, Chapter 18-16, 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 _____
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, the prior agent is no longer able or willing to serve; and
- (4) _____

_____ [Insert other relevant statements]

(If applicable)

State of _____
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, 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 _____
County of _____

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

Signature of Notary _____
(Seal, if any)

My commission expires: _____
This document prepared by: _____

(If applicable)

State of _____
County of _____

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

Signature of Notary _____
(Seal, if any)

My commission expires: _____
This document prepared by: _____

