

# VERMONT DURABLE POWER OF ATTORNEY

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A Power of Attorney for Financial Affairs lets you designate someone to help you manage your money and property. You designate another person(s) to be your "agent(s)". You can give your agent(s) broad powers to handle your property during your lifetime, or you can limit what your agent(s) can do. This is your decision, and you can decide how you want your agent(s) to act.

This document does not authorize anyone to make medical or other health care decisions for you. To do that, You need to execute an Advance Directive for health care decisions. That is a separate form you need to fill out and sign with witnesses.

This power of attorney may be revoked by you at any time. You can revoke it in writing, by telling your agent(s), or by tearing it up or crossing it out or any other act that shows you want it revoked. Tell your agent(s) that you are revoking the power of attorney. You should also tell your bank and other financial institutions.

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.

If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you. This form does not provide for all options allowed by the law. You may also wish to consult a lawyer to consider other options or to ensure that your power of attorney meets your needs. This document is intended to create a *general* power of attorney pursuant to 14 V.S.A. '3501 *et seq.* with full authority to act on my behalf.

## APPOINTMENT OF AGENT(S)

**Your Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State Zip Code:** \_\_\_\_\_

I appoint the following person as my Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(If applicable)

I also want to appoint the following person as my Co-agent:



Name: \_\_\_\_\_

Address: \_\_\_\_\_

(If applicable)

I also want to appoint the following person as my Successor Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Second Successor Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

To act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the matters and powers specified in this power of attorney, to the extent that I am permitted by law to act through an agent.

(If applicable)

Attorney(s) in fact 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.

### **GENERAL POWERS**

I give my Agent(s) the full authority to handle my personal and financial affairs. This includes but is not limited to accessing, managing, and handling the following matters now owned or later acquired by me, as I have the right to manage, access or perform myself, specifically:

- \_\_\_\_\_ (A) General 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 Beneficiary 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

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**SPECIAL INSTRUCTIONS (OPTIONAL)**

You may give special instructions on the following lines:

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**EFFECTIVE DATE**

You can decide whether you want this power of attorney to start today, or on a day in the future, or only when you can no longer make financial decisions for yourself. **Initial one choice below.**

\_\_\_\_\_ I want this power of attorney to start now.

\_\_\_\_\_ I want this power of attorney to start on this date: \_\_\_\_\_

\_\_\_\_\_ I want this power of attorney to start when I am found to lack the capacity to make financial decisions for myself by my doctor.

\_\_\_\_\_ I want this power of attorney to start when the following occurs (specify how this will be determined): \_\_\_\_\_

**SPECIFIC POWERS**

The general grant of powers will NOT grant the authority for your agent(s) to act in the following areas. If you want your agent(s) to be able to do these things, you must initial what you wish to choose. If you do not initial here, your agent(s) will not be able to do these things.

In addition to the General Powers given to my agent(s) in this Power of Attorney, I give my agent(s) full authority to handle the following powers, as I have chosen by **initialing my choices below**:

\_\_\_\_\_ To convey lands and handle all real estate transactions relating to any real property I now own or have an interest in or which I may later acquire.

\_\_\_\_\_ To handle the following specific real estate transaction (describe the real property involved in the transaction and the nature of the transaction):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ To compensate him or herself with funds or property belonging to me for duties performed as Agent(s).

\_\_\_\_\_ To make gifts or loans to persons other than the Agent(s) with funds or property belonging to me.

\_\_\_\_\_ To make gifts or loans with funds or property belonging to me to the Agent(s).

\_\_\_\_\_ To appoint another person as successor Agent(s) under this Power of Attorney.

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**LIMITATION ON THE POWERS OF THE AGENT(S)**

At all times my Agent(s) must follow my directions specifically forbidding any action this power of attorney gives to my Agent(s), if I give those specific directions.

List any specific acts which you do not want your Agent(s) to take on your behalf:

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**DURABLE POWER OF ATTORNEY**

**Important:** If you want this Power of Attorney to remain in effect after you become disabled or incapacitated, you must make this a “durable” Power of Attorney. To do this, you must specifically say that you want a Durable Power of Attorney by **initialing below**.

\_\_\_\_\_ Yes. I want this Power of Attorney to be durable. The Power of Attorney shall not be affected by my subsequent disability or incapacity.

\_\_\_\_\_ No. I **do not** want this Power of Attorney to be durable. This Power of Attorney will terminate automatically if I become disabled or incapacitated.

**ACCOUNTINGS**

My Agent(s) must keep a written record of all transactions taken under this power of attorney and must provide me with a written statement of all such transactions at any time upon my request.

Optional instructions about accountings:

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**NOMINATION OF GUARDIAN (OPTIONAL)**

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

Name of Nominee for guardian 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 OF THIRD PARTIES**

Any person receiving a copy or facsimile of this power of attorney may act in reliance on it.

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**Important:** You must sign in the presence of a witness and a notary. The witness and the notary may not be the same person.

The person named as the agent(s) may not serve as the witness or notary.

**SIGNATURE AND ACKNOWLEDGEMENT OF PRINCIPAL**

I signed this Power of Attorney appointing my agent(s) before a witness and notary.

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicable)

by:

Representative's Name Printed: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

signing on behalf of:

Principal Name Printed:

\_\_\_\_\_  
Principal Address:

\_\_\_\_\_  
Principal Telephone Number:

\_\_\_\_\_

**WITNESS**

I declare that the principal appears to be of sound mind and free from duress at the time this Power of Attorney is signed. The principal has affirmed that he or she is aware of the nature of the document and is signing it freely and voluntarily.

\_\_\_\_\_  
Witness Signs Here

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

**NOTARY PUBLIC**



At \_\_\_\_\_ [County], \_\_\_\_\_ [State], the principal appeared personally before me and acknowledged that he or she had signed this Power of Attorney freely and voluntarily.

\_\_\_\_\_  
Notary Signs Here

\_\_\_\_\_  
Date

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## **INSTRUCTIONS TO AGENT(S)**

As an agent, Vermont Law imposes duties. Agents have what is known as a “fiduciary” duty to their principals. This means that an agent must act only for the benefit of the principal.

**Below is a list of duties the agent(s) must follow.**

### **Agent's Duties**

- Take no action beyond the authority given by the power of attorney document.
- Act in good faith.
- Refrain from doing things that benefit yourself rather than the principal.
- Avoid any conflicts of interest which impair your ability to act as your agent(s).
- Keep your money and property separate from the principal's money and property.
- Keep records of all transactions and give the principal an accounting when the principal requests one.
- Follow any specific instructions from the principal, including an instruction forbidding an action, even if that action is authorized by the power of attorney document.
- Exercise the degree of care that would be observed by a “reasonably prudent person”.
- 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

### **Termination of Agent's Authority**

- Stop acting as agent immediately if the principal revokes the power of attorney or if something else happens which terminates the power of attorney.

### **Liability of Agent(s)**

The meaning of the authority granted to you is defined in the Vermont Statutes Annotated, Title 14, Chapter 123. If you violate the Vermont Statutes Annotated, Title 14, Chapter 123, 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 ACKNOWLEDGEMENT OF AGENT(S)**

The agent(s) does not have to sign at the same time as the principal, but the agent(s) must sign prior to using the power of attorney for the first time.

I accept the authority granted to me as agent(s) in this document, and understand the duties under the power and under the law.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent's Name Printed: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

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: \_\_\_\_\_

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**DISTRIBUTING COPIES OF POWER OF ATTORNEY**

**You should keep the original of this document in a safe place. Give your agent(s) a copy of this document.**

**It is important to keep track of anyone you've given a copy of this document.**

If you ever decide later that you want to revoke this Power of Attorney, you must provide notice to the people, organizations, and financial institutions you gave a copy of this power of attorney.

I have provided copies of this Power of Attorney to the following persons or organizations:

Name: \_\_\_\_\_ Date copy given: \_\_\_\_\_

Address: \_\_\_\_\_

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