

VERMONT LIMITED (SPECIAL) POWER OF ATTORNEY

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) specific powers to handle your property during your lifetime. 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 with clear definitions of when and how each agent's power will be enacted and ceased.

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.

SPECIFIC POWERS

I give my Agent(s) specific authority to act for me and in my name, in any way which I could do if present.

My agent(s) has the authority to act on my behalf for the following:

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.



SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

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.**

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.

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.

TERMINATION



If the Power of Attorney is Durable. 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.

If the Power of Attorney is Non-Durable. 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.

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:

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.

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



Initial Page: _____

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



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

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: _____

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: _____

