

# MASSACHUSETTS LIMITED (SPECIAL) POWER OF ATTORNEY

---

## DESIGNATION OF AGENT

I \_\_\_\_\_ [Principal name] of \_\_\_\_\_  
[Address], appoint \_\_\_\_\_ [Agent name] of  
\_\_\_\_\_ [Address], as my agent (attorney-in-fact) to act for me  
and in my name and for my use and benefit.

(Optional) If any agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name  
the following (each to act alone and successively, in the order named) as successor(s) to that agent:

\_\_\_\_\_ [Successor name] of \_\_\_\_\_  
[Address], \_\_\_\_\_ [Successor name] of  
\_\_\_\_\_ [Address].

## GRANT OF AUTHORITY

I grant my agent and any successor agent authority to act for me with respect to the following powers:

---

---

---

---

---

---

---

---

---

---

---

---

## LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant may **not** use my property to benefit the agent or  
a person to whom the agent owes an obligation of support unless I have included that authority in this  
power of attorney.



**SPECIAL INSTRUCTIONS**

You may give special instructions on the following lines:

---

---

---

**EFFECTIVE DATE**

This power of attorney is effective: (Check one)

- Immediately unless I have stated otherwise above.
- Upon my subsequent disability or incapacity unless I have stated otherwise above.
- On \_\_\_\_\_, 20\_\_\_\_ unless I have stated otherwise above.
- Other: \_\_\_\_\_

Durability (Check one and strike out the other)

- DURABLE Power of Attorney. This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.
- REGULAR Power of Attorney. This power of attorney terminates upon my subsequent disability or incapacity.

(Check if applicable. Strike out if not.)

- I hereby revoke the previous power of attorney signed by me and declare that all power and authority granted under such power of attorney are hereby revoked and withdrawn.

**NOMINATION OF GUARDIAN**

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

Name of Nominee: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

**RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my agent, 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**

---

**Your** Signature

---

Date

---

**Your** Name



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 of Massachusetts

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared  
\_\_\_\_\_, 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: \_\_\_\_\_



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

Commonwealth of Massachusetts

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)

**SIGNATURE AND ACKNOWLEDGMENT OF AGENT**

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

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

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

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

This document was acknowledged before me on \_\_\_\_\_ (Date),  
\_\_\_\_\_ (Name of Agent).

Signature of Notary \_\_\_\_\_

(Seal, if any)

My commission expires: \_\_\_\_\_

This document prepared by: \_\_\_\_\_



## IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent 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 agent to make medical and health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

**If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.**

