

# NEW HAMPSHIRE LIMITED (SPECIAL) POWER OF ATTORNEY

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## 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 (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. 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

I, \_\_\_\_\_, of \_\_\_\_\_ [Address], name the following person as my agent:

Name of Agent: \_\_\_\_\_

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**

(Initial the following statement if it is your choice.)

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

**4. GRANT OF AUTHORITY**

**I grant my agent authority over the following powers:**

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

(If an agent (including successor agent) named in this Power of Attorney is someone other than an ancestor of yours, your spouse, or a descendant of yours, you must initial the following statement if it is your choice that such agent have the following authority. An agent who is an ancestor of yours, your spouse, or a descendant of yours already has the following authority under New Hampshire law.)

\_\_\_\_\_ My agent may exercise authority under this Power of Attorney to create in my agent, or in an individual to whom my agent 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.



## 6. SPECIAL INSTRUCTIONS (OPTIONAL)

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

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## 7. EFFECTIVE DATE AND AUTHORITY OF AGENT

Unless I have stated otherwise in the Special Instructions in Paragraph 7 of this Power of Attorney, this Power of Attorney is effective: (Check one)

- Immediately
- Upon my subsequent disability or incapacity
- On \_\_\_\_\_, 20\_\_\_\_\_
- Other: \_\_\_\_\_

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.

## 8. TERMINATION (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 shall terminate if I become disabled or incapacitated.

## 9. GOVERNING LAW

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

## 10. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, 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

(You must date and sign this Power of Attorney. If you are physically unable to sign, it may be signed by someone else writing your name, in your presence and at your express direction. This Power of Attorney must be acknowledged before a notary public or other individual authorized by law to take acknowledgments.)

Principal's Signature: \_\_\_\_\_

Principal's Printed Name: \_\_\_\_\_

Principal's Address: \_\_\_\_\_

Date: \_\_\_\_\_



STATE OF NEW HAMPSHIRE  
COUNTY OF \_\_\_\_\_

The foregoing Power of Attorney was acknowledged before me on \_\_\_\_\_ (date), by  
\_\_\_\_\_ (Principal, 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 ACKNOWLEDGMENT

Notice to Agent: 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: \_\_\_\_\_



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

STATE OF NEW HAMPSHIRE  
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: \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_[date], by  
\_\_\_\_\_, 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: \_\_\_\_\_

