

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 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 GENERAL POWER OF ATTORNEY pursuant to the Rhode Island Short Form Power of Attorney Act:

That I, _____ [Principal name], _____
[Address] do hereby appoint _____ [Agent name],
_____ [Address] and _____ [Optional
co-agent name], _____ [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 I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.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 to the extent that I am permitted by law to act through an agent:



(Special provisions and limitations may be included in the statutory short form power of attorney only if they conform to the requirements of the Rhode Island Statutory Short Form Power of Attorney Act.)

Second: Unless I have stated otherwise in the Special Instructions, this power of attorney is effective:
(Check one)

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

Third: This power of attorney shall: (Check one)

- be of indefinite duration
- terminate if I become disabled or incapacitated
- terminate on the following date, _____ unless otherwise terminated by revocation, destruction or other affirmative action

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

SIGNATURE AND ACKNOWLEDGMENT OF PRINCIPAL

Your Signature _____ Date _____

Your Name Printed: _____

Your Address: _____

Your Telephone Number: _____

In witness whereof I have hereunto signed my name and affixed my seal this ____ day of _____, 20_____.

(Signature of Principal) (Seal)



IMPORTANT INFORMATION FOR AGENT

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 Rhode Island

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), by _____ (Name of Agent).

Signature of Notary _____

(Seal, if any)

My commission expires: _____

This document prepared by: _____

