

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 a person to be your "agent". You can give your agent broad powers to handle your property during your lifetime, or you can limit what your agent can do. This is your decision, and you can decide how you want your agent 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, or by tearing it up or crossing it out or any other act that shows you want it revoked. Tell your agent that you are revoking the power of attorney. You should also tell your bank and other financial institutions.

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 power of attorney pursuant to 14 V.S.A. '3501 *et seq.* with full authority to act on my behalf.

APPOINTMENT OF AGENT

Your Name: _____

Date of Birth: _____

Address: _____

City, State Zip Code: _____

I appoint the following person as my 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.



LIMITATION ON THE POWERS OF THE AGENT

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

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

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.

ALTERNATE AGENT

If the Agent I named above is unable or unwilling to serve, I appoint this person as my alternative agent, to be my Agent with all powers and limitations described in this Power of Attorney:

Name: _____

Address: _____

ACCOUNTINGS

My Agent 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:

Initial Page: _____



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 may not serve as the witness or notary.

SIGNATURE AND ACKNOWLEDGEMENT OF PRINCIPAL

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

Your Signature _____ Date _____

Your Name Printed: _____

Your Address: _____

Your 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

At _____ (Town), _____ (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

Initial Page: _____



INSTRUCTIONS TO AGENT

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 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.
- 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 Vermont

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 ACKNOWLEDGEMENT OF AGENT

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

I accept the authority granted to me as agent 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: _____

Initial Page: _____



Distributing copies of Power of Attorney

You should keep the original of this document in a safe place. Give your agent 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: _____

Initial Page: _____

