

State of New Hampshire

NEW HAMPSHIRE LIMITED (SPECIAL) POWER OF ATTORNEY

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(S)

I, _____, of _____, name the following person(s) as my agent(s):

Name of Agent: _____

Agent's Address: _____

Name of Co-agent: _____

Co-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

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

4. GRANT OF SPECIFIC AUTHORITY

I grant my agent(s) specific authority over the following subject:

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.

5. SPECIAL INSTRUCTIONS (OPTIONAL)

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

6. EFFECTIVE DATE AND AUTHORITY OF AGENT(S)

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

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 Acknowledgement at the end of this Power of Attorney.

7. TERMINATION (Check one):

Regular Limited Power of Attorney. 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.

Durable Limited Power of Attorney. 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.

8. GOVERNING LAW

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

9. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent(s), 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

Principal Signature: _____ Date: _____

(If applicable)

by:

Representative's Name Printed: _____

Representative's Signature: _____

signing on behalf of:

Principal's Name Printed:

Principal's Address:

Principal's Telephone Number:

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

The foregoing Power of Attorney was acknowledged before me on _____, by _____ [Name of Principal/Representative] 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(S) ACKNOWLEDGMENT

Notice to Agent(s): 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: _____

(If applicable)

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.

Co-agent's Signature: _____

Date: _____

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



STATE OF _____
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)].

(If applicable)

STATE OF _____
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 _____

(If applicable)

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 _____

The foregoing Power of Attorney was acknowledged before me on _____, by _____ [Name of Agent] 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: _____

(If applicable)

STATE OF _____

COUNTY OF _____

The foregoing Power of Attorney was acknowledged before me on _____, by _____ [Name of Co-agent] 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: _____

