

**VERMONT
GENERAL DURABLE 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. If this Power of Attorney does not limit the powers that you give to your Agent, your Agent will have broad and sweeping powers to sell or otherwise dispose of your property, and to spend your money without advance notice to you or approval by you. 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 _____, _____, name the following person as my agent:

Name of Agent: _____

Agent's Address: _____

2. DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name the following person as my successor agent:

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 except:

_____ powers granted by me under any Health Care Power of Attorney/Advance Directive;

_____ powers granted by me on forms provided by financial institutions granting the right to write checks on, deposit funds to, withdraw funds from accounts to which I am a signatory and manage investments;

_____ powers granting access to a safe-deposit box; and

_____ powers granted in a General Durable Power of Attorney dated _____.

4. GRANT OF GENERAL AUTHORITY

(Initial beside your choice of A or B, but not both.)

_____ A. I grant my agent general authority to act for me in all matters, including, without limitation, all of the subjects enumerated in B below.

_____ B. I grant my agent general authority over the following subjects as defined in the following sections of the Uniform Power of Attorney Act:

(Initial each subject you want to include in the agent's general authority.)

_____ Real Property

_____ Tangible Personal Property

_____ Stocks and Bonds

_____ Commodities and Options

_____ Banks and Other Financial Institutions

_____ Operation of Entity or Business

_____ Insurance and Annuities

C. My agent may make a gift to himself or herself and to any individual to whom my agent owes a legal obligation of support provided such gift does not exceed the annual exclusion from federal gift tax allowable under Section 2503(b) Internal Revenue Code of 1986, as amended (the "Code"),(currently \$15,000).

_____ Initials of principal

_____ Initials of witness

[NOTE: Without the initials of the principal and witness on the preceding line, this Section of this Power of Attorney shall not be effective.]

D. Create or change rights of survivorship

_____ Initials of principal

_____ Initials of witness

[NOTE: Without the initials of the principal and witness on the preceding line, this Section of this Power of Attorney shall not be effective.]

E. Create or change a beneficiary designation

_____ Initials of principal

_____ Initials of witness

[NOTE: Without the initials of the principal and witness on the preceding line, this Section of this Power of Attorney shall not be effective.]

F. Delegate authority granted under this Power of Attorney to another person

_____ Initials of principal

_____ Initials of witness

[NOTE: Without the initials of the principal and witness on the preceding line, this Section of this Power of Attorney shall not be effective.]

G. Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

_____ Initials of principal

_____ Initials of witness

[NOTE: Without the initials of the principal and witness on the preceding line, this Section of this Power of Attorney shall not be effective.]

H. Exercise the fiduciary power(s) that I have the authority to delegate as specified in the "Special Instructions" in Paragraph 6 of this Power of Attorney

_____ Initials of principal

_____ Initials of witness

[NOTE: Without the initials of the principal and witness on the preceding line, this Section of this Power of Attorney shall not be effective.]

I. Exercise authority over the content of electronic communication sent or received by me

_____ Initials of principal

_____ Initials of witness

[NOTE: Without the initials of the principal and witness on the preceding line, this Section of this Power of Attorney shall not be effective.]

J. Exercise authority with respect to intellectual property, including, without limitation, copyrights, contracts for payment of royalties, and trademarks

_____ Initials of principal

_____ Initials of witness

[NOTE: Without the initials of the principal and witness on the preceding line, this Section of this Power of Attorney shall not be effective.]

6. LIMITATION ON AGENT’S AUTHORITY (OTHER THAN GIFTING)

A special agent, appointed by 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. The special agent appointed must be an individual that is not related or subordinate to me, my agent, or any beneficiary within the meaning of Internal Revenue Code Section 672(c). My agent may revoke this appointment at will.

_____ Initials of principal

_____ Initials of witness

[NOTE: Without the initials of the principal and witness on the preceding line, this Section of this Power of Attorney shall not be effective.]

7. SPECIAL INSTRUCTIONS (OPTIONAL)

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

8. EFFECTIVE DATE AND AUTHORITY OF AGENT

This Power of Attorney is effective immediately unless I have stated otherwise in the Special Instructions in Paragraph 7 of this Power of Attorney. 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.

The authority granted to my Agent under this power of attorney will not be affected by my subsequent disability, incompetency, incapacity, or lapse of time. 14 VSA 3508.

9. GOVERNING LAW

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

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: _____

Affirmation by Witness

I, _____ witnessed the signature of this Power of Attorney by the Principal, and I affirm that the Principal appeared to me to be of sound mind, was not under duress, and the Principal affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness

STATE OF _____

COUNTY OF _____

Personally appeared _____ the Witness, who subscribed to and affirmed the truth of the foregoing under oath, on this ____ day of _____, 20____.

Notary Public
My commission expires:

Acknowledgment by Principal

STATE OF _____
COUNTY OF _____

At _____, in said County and State, personally appeared _____, the Principal, who is known to me or was otherwise suitably identified, did acknowledge to me that the execution of this Power of Attorney was his/her free act and deed.

Notary Public/Justice of the Peace
My commission expires:

Acceptance by Agent

The undersigned, Agent, executes this Power of Attorney, and by such execution does hereby affirm that the Agent: (A) accepts the appointment as agent; (B) understands the duties under the power of attorney and under the law; (C) understands that Agent has a duty to act if expressly required to do so in the power of attorney consistent with 14 VSA §3506(c)¹; (D) understands that the Agent is expected to use his/her special skills or expertise on behalf of the Principal, if so specified in the Power of Attorney consistent with 14 VSA §3505(a)(6)²; and (E) acknowledges the additional duties of the Agent set forth in 14 V.S.A 3505.

Agent’s Signature: _____ Date: _____

Disclaimer: We make no warranties or guarantees about the accuracy, completeness, or adequacy of the information contained on this document. Please check official sources.

¹14 VSA 3506 (c) provides: If the power of attorney explicitly provides that the agent has a duty to act for the principal as to specified transactions or types of transactions and the agent has specifically acknowledged and accepted such duty to act in signing the power of attorney, the agreement to act on behalf of the principal is enforceable against the agent regardless of whether there is any consideration to support a contractual obligation.

² 14 VSA 3505 (a)(6) provides: if selected as agent with the expectation he or she has special skills or expertise, use those skills on behalf of the principal, provided the terms of the power of attorney specify that the agent is expected to use special skills and expertise, and provided, further, the agent acknowledges in signing the power of attorney that he or she has been so selected;