# 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:

# DESIGNATION OF AGENT

I, , of , , name the following person as my agent:

Name of Agent:

Agent’s Address:

1. **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:

# 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 .

# 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

Estates, Trusts and Other Beneficial Interests

Claims and Litigation

Personal and Family Maintenance

Benefits from Governmental Programs or Civil or Military Service

Retirement Plans

Taxes as defined

Digital Assets

1. **GRANT OF SPECIFIC AUTHORITY** (OPTIONAL)

Initial each subject you want to include in the agent’s authority. **CAUTION**: As to some of the following subjects, granting your agent authority will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.

My agent **MAY NOT** do any of the following specific acts for me **UNLESS the witness and I have INITIALED** the specific authority listed below:

* 1. Create, amend, revoke, or terminate an inter vivos trust

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.]

* 1. My agent may make a gift, even if it will leave me without sufficient assets or income to provide for my care without relying on Medicaid, other public assistance or charity.

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.]

* 1. 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.]

* 1. 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.]

* 1. 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.]

* 1. 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.]

* 1. 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.]

* 1. 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.]

* 1. 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.]

* 1. 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.]

1. **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.]

1. **SPECIAL INSTRUCTIONS** (OPTIONAL)

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

# 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.

# GOVERNING LAW

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

# 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](#_bookmark0); (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](#_bookmark1); 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;