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Legal Forms & Services

FirstName LastName

NORTH CAROLINA
POWER OF ATTORNEY

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The answers you provide in the questionnaire are incorporated in this document at your direction. The form was developed by attorneys based on the laws of your state. You are responsible for finalizing the document and having it reviewed by an attorney.

Finalizing a Power of Attorney in North Carolina

After printing your document, you will need to finalize it. Below are the steps:

1. Print out your document
2. Review, initial, sign, and date in front of a notary
3. Have notary sign and date
4. Keep document in a safe place

Notice: Some state laws require the principal to initial or sign next to the powers they have granted in order for that power to be effective. To make sure you have initialed and/or signed in the correct places, you should review your form and your state's laws on powers of attorney requirements.

In addition, your agent may be required to verify their authority with a certification or affidavit, or provide specimen signatures before a party will honor your power of attorney.

NORTH CAROLINA POWER OF ATTORNEY

OF FirstName LastName

Notice: The powers granted by this document are broad and sweeping. They are defined in Chapter 32C of the North Carolina General Statutes, which expressly permit the use of any other or different form of power of attorney desired by the parties concerned.

Important Information

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the North Carolina Uniform Power of Attorney Act.

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Additional Provisions and Exclusions.

This form provides for designation of one agent, successor agent, and second successor agent. If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you provide otherwise in this document.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, FirstName LastName, name the following person as my agent:

Name: FirstName LastName

Address: 222 Street Name, City, North Carolina, 12345

Phone: 555-555-5555

DESIGNATION OF SUCCESSOR AGENT(S)

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

Name: FirstName LastName

Address: FirstName LastName, City, North Carolina, 12345

Phone: 555-555-5555

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

Name: FirstName LastName

Address: 444 Street Address, City, North Carolina, 12345

Phone: 555-555-5555

INITIAL below if you want to give an agent the power to name a successor agent:

I give to my acting agent the full power to appoint another to act as my agent, and full power to revoke such appointment, if no agent named by me above is willing or able to act.

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects I have INITIALED below as defined in North Carolina Uniform Power of Attorney Act, Chapter 32C of the General Statutes (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

GRANT OF SPECIFIC AUTHORITY

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

(CAUTION: Granting any of the following 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. INITIAL ONLY the specific authority you WANT to give your agent.)

- _____ Make a gift, subject to the limitations provided in G.S. 32C-2-217
- _____ Create or change rights of survivorship
- _____ Create or change a beneficiary designation
- _____ Authorize another person to exercise the authority granted under this power of attorney
- _____ Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- _____ Exercise fiduciary powers that I have authority to delegate
- _____ Disclaim or refuse an interest in property, including a power of appointment
- _____ Access the content of electronic communications

EXERCISE OF SPECIFIC AUTHORITY IN FAVOR OF AGENT

_____ UNLESS INITIALED, an agent MAY NOT exercise any of the grants of specific authority initialed above in favor of the agent or an individual to whom the agent owes a legal obligation of support.

ADDITIONAL PROVISIONS AND EXCLUSIONS

Revocation. All my previously executed powers of attorney are hereby revoked.

Compensation. My agent MAY be entitled to reasonable compensation for actions taken pursuant to this power of attorney.

Additional Provisions and Exclusions: I do not wish to provide additional provisions and exclusions at this time.

EFFECTIVE DATE

This power of attorney shall become effective upon the disability of the principal and is durable, meaning that this power of attorney shall not be affected by the disability of the principal.[]

NOMINATION OF GUARDIAN

If it becomes necessary for a court to appoint a guardian of my estate, I nominate the following person for appointment:

Name: FirstName LastName
Address: 555 Street Address, City, North Carolina, 12345
Phone: 555-555-5555

If it becomes necessary for a court to appoint a guardian of my person, I nominate the following person for appointment:

Name: FirstName LastName
Address: 666 Street Address, City, North Carolina, 12345
Phone: 555-555-5555

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

MEANING AND EFFECT

The meaning and effect of this power of attorney shall for all purposes be determined by the law of the State of North Carolina.

SIGNATURE AND ACKNOWLEDGMENT

Signature of FirstName LastName

(Date)

County of _____

State of _____

I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document: FirstName LastName

Signature of Notary Public

Date

(Official Seal)

_____, Notary Public
Printed or typed name

My commission expires: _____

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 your authority is terminated 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: FirstName LastName by (Your Signature) as Agent.

Unless the Additional Provisions and Exclusions 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
- (6) 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 terminated or revoked 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 a principal;
- (2) The principal's revocation of the power of attorney or the termination of 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, your divorce from the principal, unless the Additional Provisions and Exclusions in this power of attorney state that your divorce from the principal will not terminate your authority.

Liability of Agent

The meaning of the authority granted to you is defined in the North Carolina Uniform Power of Attorney Act. If you violate the North Carolina Uniform Power of Attorney Act 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**

I, _____ (Name of Agent), do hereby state and affirm the following under penalty of perjury:

(1) FirstName LastName (Name of Principal), granted me authority as an agent or successor agent in a power of attorney dated _____ (Date of POA).

(2) The powers and authority granted to me in the power of attorney are currently exercisable by me.

(3) I have no actual knowledge of any of the following:

(a) The principal is deceased.

(b) The power of attorney or my authority as agent under the power of attorney has been revoked or terminated, partially or otherwise.

(c) The principal lacked the understanding and capacity to make and communicate decisions regarding her or his estate and person at the time the power of attorney was executed.

(d) The power of attorney was not properly executed and is not a legal, valid power of attorney.

(e) (Insert other relevant statements): _____

(4) I agree not to exercise any powers granted under the power of attorney if I become aware that the principal is deceased, that the power of attorney has been revoked or terminated, or that my authority as agent under the power of attorney has been revoked or terminated.

Signature and Acknowledgment

Agent's Signature

Date

Agent's Name Printed

Agent's Address

Agent's Telephone Number

County of _____

State of _____

Sworn to or affirmed and subscribed before me this day by:

Date: _____

Signature of Notary Public

(Official Seal)

_____, Notary Public
Printed or typed name

My commission expires: _____