



FindLaw<sup>®</sup>

Legal Forms & Services

FirstName LastName

IDAHO  
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 Idaho**

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.

**IDAHO POWER OF ATTORNEY  
OF FIRSTNAME LASTNAME**

**Important Information**

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent can 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 Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code.

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. The agent's authority will continue until your death unless you revoke the power of attorney or the agent resigns.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one (1) 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 state otherwise.

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 Address, City, Idaho 12345  
Phone:          1111111111

**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:        333 Street Address, City, Idaho 12345  
Phone:          1111111111

**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 as defined in the Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code.

- Real Property
- Tangible Personal Property
- Stocks and Bonds
- Commodities and Options
- Banks and Other Financial Institutions
- Operation of an 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.)

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of the Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code, and any special instructions in this power of attorney

This power is subject to these special instructions: N/A

- 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 the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- Exercise fiduciary powers that the principal has authority to delegate

**LIMITATION ON AGENT'S AUTHORITY**

An agent that is not my ancestor, spouse, or descendant MAY use my property to benefit the agent or a person to whom the agent owes an obligation of support.

**SPECIAL INSTRUCTIONS**

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

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

Special Instructions. I have no other instructions at this time.

**EFFECTIVE DATE**

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

**NOMINATION OF CONSERVATOR**

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

Name:            FirstName LastName  
 Address:        333 Street Address, City, Idaho 12345  
 Phone:           1111111111

**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 is terminated or invalid.

**SIGNATURE AND ACKNOWLEDGMENT**

Signature: \_\_\_\_\_ (Date)  
 Name:            FirstName LastName  
 Address:        111 Street Address, City, Idaho 12345

Phone: 1111111111

Email: emailaddress@email.com

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, in the year of 20\_\_\_\_, before me, a Notary Public in and for said state, personally appeared FirstName LastName, known or identified to me to be the person whose name is subscribed to the foregoing Power of Attorney, and acknowledged to me that they executed the same.

\_\_\_\_\_ (official signature and seal)

My commission expires on \_\_\_\_\_

## **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 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 signing the name of the principal and signing your own name as "agent" in the following manner:

FirstName LastName by (Agent's signature) as agent

Unless the Special Instructions 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 conducted for 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 terminates 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 the principal;
- (2) The principal's revocation of the power of attorney or 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) A legal action is filed with a court to end your marriage to the principal, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

**Liability of Agent**

The meaning of the authority granted to you is defined in the act. If you violate the 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**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, certify under penalty of perjury that FirstName LastName granted me authority as an agent or successor agent in a Power of Attorney dated (date of POA) \_\_\_\_\_.

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 that 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, that the prior agent is no longer able or willing to serve; and

(4) (Insert other relevant statements):

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**Signature and Acknowledgment**

Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent's Name Printed: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_(Date), by \_\_\_\_\_  
\_\_\_\_\_.

Notary Public for Idaho: \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires on: \_\_\_\_\_