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Legal Forms & Services

FirstName LastName

VERMONT
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 Vermont

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 and a witness
3. Have witness sign and date in front of notary
4. Have notary sign and date
5. 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.

Some state laws prohibit certain people from being witnesses to a power of attorney. Review your state's laws on witness requirements for powers of attorney.

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.

VERMONT POWER OF ATTORNEY

OF FirstName LastName

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 Vermont Uniform Power of Attorney Act, 14 V.S.A. chapter 127.

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.

This form provides for designation of one 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, Vermont 11111
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, Vermont 11111
Phone: 1111111111

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

I choose not to name a second successor agent at this time.

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 Vermont Uniform Power of Attorney Act, 14 V.S.A. chapter 127.

- _____ 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:

- An agent who is not an ancestor, spouse, or descendant may exercise authority under this power of attorney to create in the agent or in an individual to whom the agent owes a legal obligation of support an interest in my property whether by gift, rights of survivorship, beneficiary designation, disclaimer, or otherwise
- Create, amend, revoke, or terminate an inter vivos, family, living, irrevocable, or revocable trust

Consent to the modification or termination of a noncharitable irrevocable trust under 14A V.S.A. §411

Make a gift, subject to the limitations of 14 V.S.A § 4047 (gifts) and any special instructions in this power of attorney

Create or change rights of survivorship

Create or change a beneficiary designation

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 the principal has authority to delegate

Authorize another person to exercise the authority granted under this power of attorney

Disclaim or refuse an interest in property, including a power of appointment

Exercise authority with respect to elective share under 14 V.S.A. § 319

Exercise waiver rights under 14 V.S.A. §323

____ Exercise authority over the content and catalogue of electronic communications and digital assets under 14 V.S.A. chapter 125 (Vermont Revised Uniform Fiduciary Access to Digital Assets Act)

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

____ Convey or revoke or revise a grantee designation, by enhanced life estate deed pursuant to chapter 6 of Title 27 or under common law

LIMITATION ON AGENT'S AUTHORITY

My agent MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support.

SPECIAL INSTRUCTIONS

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

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

I have no special instructions at this time.

EFFECTIVE DATE

This power of attorney is effective only upon my later incapacity.

NOMINATION OF GUARDIAN OF ESTATE OR PERSON

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: 222 Street Address, City, Vermont 11111
Phone: 1111111111

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: 333 Street Address, City, Vermont 11111
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 has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Principal's Signature: _____ Date: _____
 FirstName LastName

Principal's Address: 111 Street Address, City, Vermont 11111

Principal's Phone: 1111111111

WITNESS

I, _____ (Witness Name), witnessed FirstName LastName sign this power of attorney, and state and affirm that affirm that FirstName LastName appeared to be of sound mind and free from duress at the time the power of attorney was signed, and that FirstName

LastName affirmed that he or she was aware of the nature of the document and signed it freely and voluntarily.

Witness Signature: _____ Date: _____

Witness Printed Name: _____

Witness Address: _____

State of _____

County of _____

On this ____ day of _____, 20__, before me personally appeared FirstName LastName, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or her free act and deed.

Signature of Notarial Officer: _____

Title (and Rank):

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 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 interests;
- (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: (Principal's Name) by (Your 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 made on behalf of the principal;
- (5) cooperate with any person that has the 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 interests; 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 interests.

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) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instruction 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 Vermont Uniform Power of Attorney Act, 14 V.S.A. chapter 127. If you violate the Vermont Uniform Power of Attorney Act, or act outside of the authority granted, you may be liable for any damages caused by your violation. In addition to civil liability, failure to comply with your duties and authority granted under this document could subject you to criminal prosecution.

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, _____, (Name of Agent), certify under penalty of perjury that
FirstName LastName granted me authority as an agent or successor agent in a power of attorney
dated _____.

If further certify 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 a successor agent, the prior agent is no longer able or willing to serve; and
- (4) (Insert other relevant statements below)

Signature and Acknowledgement

Agent's Name Printed: _____

Agent's Address: _____

Agent's Telephone Number: _____

This document was acknowledged before me on this _____, day of _____, 20____, by ____
_____, (Name of Agent).

(Seal)

Signature of Notary

My commission expires: _____