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Legal Forms & Services

FirstName LastName

RHODE ISLAND  
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 Rhode Island**

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.

**RHODE ISLAND POWER OF ATTORNEY  
OF FirstName LastName**

**Warning To Person Executing This Document**

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.

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.

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, Rhode Island 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, Rhode Island 11111  
Phone:           1111111111

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:

- \_\_\_\_\_  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:

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of any special instructions in this power of attorney
- 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
- Access the content of electronic communications
- Renounce or disclaim an interest in property, including a power of appointment

**LIMITATION ON AGENT'S AUTHORITY**

An agent that is not my ancestor, spouse, or descendant MAY NOT 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 shall not be affected by disability of the principal.

**NOMINATION OF CONSERVATOR OR GUARDIAN**

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:         222 Street Address, City, Rhode Island 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, Rhode Island 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**

Signed by: \_\_\_\_\_ (Date)  
                        FirstName LastName

111 Street Address, City, Rhode Island 11111  
1111111111

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, before me, the undersigned notary public, personally appeared FirstName LastName, and proved to me through satisfactory evidence of identification to be the person whose name is signed on the preceding or attached document, and acknowledged that they signed it voluntarily for its stated purpose.

Notary Public Signature and Stamp: \_\_\_\_\_

Printed Notary Public Name and ID Number: \_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_