

# MAINE DURABLE POWER OF ATTORNEY

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## IMPORTANT INFORMATION

Notice to the Principal: As the "Principal" you are using this power of attorney to grant power to another person(s) (called the Agent) to make decisions concerning your property for you. Your agent(s) 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 Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-C, Article 5, Part 9.

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

You should select someone you trust to serve as your agent(s). The agent's authority will continue until you die or revoke the power of attorney or the agent(s) resigns or is unable to act for you. Under this document your Agent will continue to have these powers after you become incapacitated. You have the right to revoke this power of attorney at any time as long as you are not incapacitated.

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

This form provides for the designation of two agents. If you wish to name more than two agents, you may name the additional agents in the Special Instructions.

If your agent(s) 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.

If there is anything about this power of attorney that you do not understand, you should ask an attorney to explain it to you.

## DESIGNATION OF AGENT(S)

I, \_\_\_\_\_ [Name of Principal] of \_\_\_\_\_  
[Address], authorize \_\_\_\_\_ [Name of Agent] of \_\_\_\_\_ [Address], and  
\_\_\_\_\_ [Optional Name of Co-agent] of \_\_\_\_\_  
[Address], as my agent(s) (attorney(s)-in-fact) to act for me and in my name and for my use and benefit.

(If applicable)

Agents I designated above must act  jointly  separately.

## DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name \_\_\_\_\_ [Name of Successor Agent] of  
\_\_\_\_\_ [Address], and \_\_\_\_\_ [Optional Name  
of Second Successor Agent] of \_\_\_\_\_ [Address] as my  
successor agent(s).

(If applicable)



I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given or empowering another agent(s) to act as my true and lawful attorney in fact. I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

### GRANT OF GENERAL AUTHORITY

I grant my agent(s) and any successor agent(s) general authority to act for me with respect to the following subjects as defined in the Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-C, Article 5, Part 9:

INITIAL each subject you want to include in the agent's general authority.

INITIAL the line in front of "(O) All Preceding Subjects" if you wish to grant general authority over all of the subjects instead of initialing each subject.

- \_\_\_\_\_ (A) Real property
- \_\_\_\_\_ (B) Tangible personal property
- \_\_\_\_\_ (C) Stocks and bonds
- \_\_\_\_\_ (D) Commodities and options
- \_\_\_\_\_ (E) Banks and Other Financial Institutions
- \_\_\_\_\_ (F) Operation of Entity or Business
- \_\_\_\_\_ (G) Insurance and Annuities
- \_\_\_\_\_ (H) Estates, Trusts, and Other Beneficial Interests
- \_\_\_\_\_ (I) Claims and Litigation
- \_\_\_\_\_ (J) Personal and Family Maintenance
- \_\_\_\_\_ (K) Benefits from Governmental Programs or Civil or Military Service
- \_\_\_\_\_ (L) Retirement Plans
- \_\_\_\_\_ (M) Taxes
- \_\_\_\_\_ (N) Gifts
- \_\_\_\_\_ (O) All Preceding Subjects

### GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent(s) 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(s) 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(s).

- \_\_\_\_\_ (A) Create, amend, revoke, or terminate an inter vivos trust
- \_\_\_\_\_ (B) Make a gift
- \_\_\_\_\_ (C) Create or change rights of survivorship
- \_\_\_\_\_ (D) Create or change a beneficiary designation. The authority, unless otherwise expressly limited in this power of attorney, includes the authority to create, change or revoke a transfer on death deed as defined in Maine Revised Statutes, Title 18-C, Section 6-402(6)
- \_\_\_\_\_ (E) Delegate authority granted under this power of attorney
- \_\_\_\_\_ (F) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- \_\_\_\_\_ (G) Exercise fiduciary powers that the principal has authority to delegate
- \_\_\_\_\_ (H) Disclaim property, including a power of appointment
- \_\_\_\_\_ (I) Exercise authority over the content of an electronic communication of the principal in accordance with the Maine Revised Uniform Fiduciary Access to Digital Assets Act



### 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 unless I have included that authority in the Special Instructions.

### SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

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### EFFECTIVE DATE

- This power of attorney is effective immediately.
- This power of attorney is effective upon the incapacity of the principal.
- This power of attorney is effective on \_\_\_\_\_, 20\_\_\_\_\_.
- This power of attorney is effective upon the occurrence of the following future event or contingency:  
\_\_\_\_\_.

### TERMINATION

- This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.
- This power of attorney shall terminate if I become disabled or incapacitated.

### NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

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

Name of Nominee for Conservator of my Estate: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

Nominee's Telephone Number: \_\_\_\_\_

Name of Nominee for Guardian of my Person: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

Nominee's Telephone Number: \_\_\_\_\_

### RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent(s), 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 OF PRINCIPAL**

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicable)

by:

Representative's Name Printed: \_\_\_\_\_

Representative's Signature \_\_\_\_\_

signing on behalf of:

Principal Name Printed:

Principal Address:

Principal Telephone Number:

**NOTARY PUBLIC**

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

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

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_ [Principal/Representative Name], personally known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same and that by his/her signature on this instrument the person executed this instrument.

\_\_\_\_\_

Signature of Notary

(Seal, if any)

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



## IMPORTANT INFORMATION FOR AGENT(S)

**Notice to the Agent:** As the "Agent" you are given power under this power of attorney to make decisions about the property belonging to the Principal and to dispose of the Principal's property on the Principal's behalf in accordance with the terms of this power of attorney. This power of attorney is valid only if the Principal is of sound mind when the Principal signs it. 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. The duties are more fully explained in the Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-C, Article 5, Part 9 and Title 18-B, sections 802 to 807 and Title 18-B, chapter 9. As the Agent, you are generally not entitled to use the Principal's property for your own benefit or to make gifts to yourself or others unless the power of attorney gives you such authority. If you violate your duty under this power of attorney, you may be liable for damages and may be subject to criminal prosecution. 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 of termination are more fully explained in the Maine Uniform Power of Attorney Act and include, but are not limited to, revocation of your authority or of the power of attorney by the Principal, the death of the Principal or the commencement of divorce proceedings between you and the Principal. If there is anything about this power of attorney or your duties under it that you do not understand, you should ask an attorney to explain it to you.

### 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 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 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) 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 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 Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-A, Article 5, Part 9. If you violate the Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-A, Article 5, Part 9, 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, \_\_\_\_\_ [Name of Agent], certify under penalty of perjury that \_\_\_\_\_ [Name of Principal] granted me authority as an agent or successor agent in a power of attorney dated \_\_\_\_\_.

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

(4) \_\_\_\_\_  
\_\_\_\_\_ (Insert other relevant statements)

**SIGNATURE AND ACKNOWLEDGMENT OF AGENT(S)**

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

Agent's Name Printed: \_\_\_\_\_  
Agent's Address: \_\_\_\_\_  
Agent's Telephone Number: \_\_\_\_\_

(If applicable)

Co-agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-agent's Name Printed: \_\_\_\_\_  
Co-agent's Address: \_\_\_\_\_  
Co-agent's Telephone Number: \_\_\_\_\_

**NOTARY PUBLIC**

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

This document was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_ [Name of Agent].

Signature of Notary \_\_\_\_\_

(Seal, if any)



My commission expires: \_\_\_\_\_  
This document prepared by: \_\_\_\_\_

(If applicable)

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

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

This document was acknowledged before me on \_\_\_\_\_, by  
\_\_\_\_\_ [Name of Co-agent].

Signature of Notary \_\_\_\_\_

(Seal, if any)

My commission expires: \_\_\_\_\_  
This document prepared by: \_\_\_\_\_

