

NORTH DAKOTA DURABLE POWER OF ATTORNEY

IMPORTANT INFORMATION

This power of attorney authorizes another person(s) (your agent) to make decisions concerning your property for you (the principal). Your agent(s) 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(s) to make medical and health care decisions for you.

You should select someone you trust to serve as your agent(s). Unless you specify otherwise, generally 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.

Your agent(s) is entitled to reasonable compensation unless you state otherwise 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 you have questions about the power of attorney or the authority you are granting to your agent(s), you should seek legal advice before signing this form.

DESIGNATION OF AGENT(S)

I, _____ [Principal name] of _____ [Principal address], authorize
_____ [Agent name] of _____ [Principal
address], and _____ [Optional co-agent name] of
_____ [Co-agent address] as my agent (attorney-in-fact)
to act for me and in my name and for my use and benefit. If my agent is unable or unwilling to act for me,
I name _____ [Successor agent name] of
_____ [Successor agent address], and
_____ [Optional second successor agent name] of
_____ [Second successor agent address] as my
successor agent(s).

Agents I designated above must act jointly/separately. (If applicable)

I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given or empowering another agent 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 I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn. (If applicable)

DURABILITY

This power of attorney is not affected by subsequent disability or incapacity of the principal or by lapse of time.

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:

- (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 Beneficiary 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) 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:

- (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
- (E) Authorize another person to exercise the 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

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:



EFFECTIVE DATE

- This power of attorney is effective immediately.
- This power of attorney is effective upon the disability or incapacity of the principal.
- This power of attorney is effective upon the occurrence of the following event or contingency: _____.

NOMINATION OF GUARDIAN (OPTIONAL)

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

Name of Nominee for guardian 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's Signature: _____ Date: _____

(If applicable)

by:

Representative's Name Printed: _____

Representative's Signature _____

signing on behalf of:

Principal's Name Printed: _____
Principal's Address: _____
Principal's 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.

_____ (Seal, if any)

Signature of Notary

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 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 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 Uniform Durable Power of Attorney Act, North Dakota Century Code, Title 30.1, Chapter 30.1-30. If you violate the Uniform Durable Power of Attorney Act, North Dakota Century Code, Title 30.1, Chapter 30.1-30, 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, _____ [Agent name], certify under penalty of perjury that
_____ [Principal name] 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]

State of _____
County of _____

I, _____ [Co-agent name], certify under penalty of perjury that
_____ [Principal name] 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: _____

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 _____ [Agent name].

Signature of Notary _____
(Seal, if any)

My commission expires: _____

This document prepared by: _____

State of _____

County of _____

This document was acknowledged before me on _____, by _____ [Co-agent name].

Signature of Notary _____
(Seal, if any)

My commission expires: _____

This document prepared by: _____

