## COMMITTEE CHANGES TO ARTICLE 3 OF THE REVISED UNIFORM DURABLE POWER OF ATTORNEY ACT

July 13, 2004

1	[ARTICLE] 3
2	STATUTORY FORM DURABLE POWER OF ATTORNEY
3	
4	SECTION 301. OPTIONAL FORM. The following form may be used to create a
5	durable power of attorney that has the meaning and effect prescribed by this [act].
6	
7	[INSERT NAME OF JURISDICTION]
8	STATUTORY FORM DURABLE POWER OF ATTORNEY
9	$\mathbf{OF}$
10	
11	(insert your name)
12	MARCONII AME INVICONALI INVOLV
13	IMPORTANT INFORMATION
14	
15	You are the Principal. You are using this durable power of attorney to grant authority
16	to another person, known as your agent, to make decisions regarding your money and
17	property.
18	
19	Your agent will have the powers that you have indicated below to make decisions
20	about your money and property without advance notice to you or approval by you.
21	The powers that you give to your agent are explained more fully in Article 2 of the
22	Revised Uniform Durable Power of Attorney Act [,insert citation to state statute
23	here].
24	
25	This durable power of attorney does not authorize anyone to make medical or other
26	health care decisions for you. You may sign a separate document to grant authority
27	for medical and health care decisions.

	ority granted in this durable power of attorney will be effective even if you
_	r have the capacity to make your own decisions about your money and
property.	The authority will terminate on your death unless you revoke it earlier.
If you hav	ve any questions about this document or the powers you are granting to your
•	u should obtain legal advice.
DESIGNA	ATION OF AGENT:
I designate	the following person(s) as my agent(s):
(Insert full	name and address of the person(s) designated.)
If I have do	esignated more than one agent, I instruct that my agents:
(CROSS C	OUT the option that you DO NOT want. If you fail to cross out an option, the agents must
act togethe	
• may act	INDEPENDENTLY.
	TOGETHER.
DESIGNA	ATION OF SUCCESSOR AGENT:
I designate	as my successor agent(s):
(Insert full	name and address of the person(s) designated.)
My success	sor agent(s) may act for me if every agent first designated is incapacitated or not qualified
•	efuses to serve, or has resigned or died.
If I have de	esignated more than one successor agent, I instruct that:
(CROSS C	OUT the TWO options that you DO NOT want. If you fail to cross out two options, the
`	agents must act alone and successively in the order named.)
• each suc	cessor agent must act ALONE AND SUCCESSIVELY in the order named.

- each successor agent may act INDEPENDENTLY.
- all successor agents must act TOGETHER.

1 2

## **GRANT OF POWERS:**

I grant to my agent power with respect to the following subjects as defined in Article 2 of the Revised Uniform Durable Power of Attorney Act of this jurisdiction except for the power(s) that I have CROSSED OUT below:

- Real Property
- Tangible Personal Property
  - Stocks and Bonds
  - Commodities and Options
  - Banks and Other Financial Institutions
    - Operation of Business
    - Insurance and Annuities
- Estates, Trusts, and Other Beneficiary Relationships
- Claims and Litigation
  - Personal and Family Maintenance
  - Benefits from Government Programs or Military Service
  - Retirement Plans
  - Taxes
    - Any Other Matter

I understand that the foregoing grant of powers DOES NOT authorize my agent to do any of the following specific acts UNLESS I have also initialed the blank space (\_\_\_\_) in front of the power to act. I grant power to my agent to perform ONLY the specific acts initialed, as those acts may be further defined or limited by the Revised Uniform Durable Power of Attorney Act of this jurisdiction:

32		<u>) Gifts</u>
33	(	) Delegation of Authority

(Reporter's Note: Section 201(b) of the proposed Revised Act lists seven powers which may be conveyed to an agent only by a specific grant of authority from the principal. The authority to make gifts of the principal's property and to delegate powers granted under the durable power of attorney to another person are two of the seven enumerated powers. The drafting committee elected at its last meeting, after much discussion, to delete the other five powers from the form in order to deter abusive use of the form. Members of the Joint Editorial Board have suggested that the form will be more complete, and the scope of authority more clearly defined, if all seven powers are included as options on the form. The following is alternate language representing that approach:

	create, modify, or revoke a trust.
	fund a trust not created by me or by a person authorized by me.  make or revoke a gift of my property.
	create or change rights of survivorship in my property or in property in which I may
	have an interest.
	designate or change the designation of a beneficiary to receive any property, benefit or contract right on my death.
	create in the agent or in a person to whom the agent owes a legal duty of support a right to receive property, a benefit, or a contractual right in which I have an interest delegate the powers granted under this durable power of attorney to another person
The d	rafting committee seeks input from the Annual Conference on this issue.)
The po	owers granted above to my agent ARE SUBJECT to the following special instructions:  (Insert instructions if any.)
EFFE	CCTIVE DATE:
This d	lurable power of attorney is effective:
(CRO	SS OUT the THREE options that you DO NOT want. If you do not cross out three options,
`	urable power of attorney will become effective when you sign it.)
• imm	nediately.
• upor	n my incapacity as determined by the following person(s):
(Insert	
`	t full name and address of the person(s) designated.)
`	
• upor	t full name and address of the person(s) designated.)

ATTURNEY:		
I agree that any person that has knowledge of the		
validity. Termination or revocation of this durable		
or other person who relies upon it without knowl		
indemnify any person for claims that may arise aga	inst that person because of reliand	ce on my
power of attorney.		
•		
SIGNATURE AND ACKNOWLEDGMENT:		
Data		
Date:		
Your signature		
- on orbitation		
Your name printed		
Your address		
State of		
State of County of		
County or		
This document was acknowledged before me on		(date),
by	(name of Principal).	•
G' CNT (	(Seal, if any)	
Signature of Notary		
[This document prepared by:		
This document propared by.		
		 1

## **IMPORTANT INFORMATION FOR AGENT:**

As the Agent, once you exercise authority granted to you by the Principal, a fiduciary relationship is created between you and the Principal. Unless otherwise modified in this durable power of attorney, your duties include a duty to:

- (1) Act in good faith and with prudence for the best interest of the Principal;
- (2) Avoid conflicts of interest that would impair your ability to act in the best interest of the Principal;
- (3) Keep a complete record of all receipts, disbursements, and transactions conducted on behalf of the Principal;
- (4) Do nothing beyond the authority granted in this durable power of attorney;
  - (5) Complete an act undertaken on behalf of the Principal and continue acts within the reasonable expectation of yourself and the Principal until this durable power of attorney is terminated or revoked, or you resign; and
  - (6) Preserve the Principal's estate plan to the extent known to you when preservation of the estate plan is consistent with the Principal's best interest.

If you violate the Revised Uniform Durable Power of Attorney Act or act outside the scope of this durable power of attorney, you may be liable for the loss or damage caused by your violation together with reasonable attorney's fees and expenses.

In any act performed under the authority of the durable power of attorney as an agent for the Principal, you must disclose your designation as the agent of 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.

If there is anything about this document or your duties that you do not understand, you should obtain legal advice.