STATUTORY POWER OF ATTORNEY

INFORMATION CONCERNING THE POWER OF ATTORNEY THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT YOU SHOULD KNOW THESE IMPORTANT FACTS:

Notice to the Principal: As the "Principal," you are using this Power of Attorney to grant power to another person (called the "Agent") to make decisions, including, but not limited to, decisions concerning your money, property, or both, and to use your money, property, or both on your behalf. If this Power of Attorney does not limit the powers that you give to your Agent, your Agent will have broad and sweeping powers to sell or otherwise dispose of your property, and to spend your money without advance notice to you or approval by you. Unless you have expressly provided otherwise in this Power of Attorney, your Agent will have these powers before you become incapacitated, and unless you have expressly provided otherwise in this Power of Attorney and to release it later or to request that another person retain this Power of Attorney on your behalf and release it only if one or more conditions specified in advance by you are satisfied. You have the right to revoke or take back this Power of Attorney at any time, so long as you are of sound mind.

If there is anything about this Power of Attorney that you do not understand, you should seek professional advice.

Principal	
Date:	
	ESIGNATION OF AGENT
I,	(Name of Principal), of
	(Address of Principal), name the following person
	(Name of Agent) of
DESIGNATION	OF SUCCESSOR AGENT(S)(Optional)
If my agent is unable or unwilling to	act for me, I name the following person as my successor
	(Name of Successor Agent) of
	(Successor Agent's Address).

If my successor agent is unable or unwilling to act for me, I name the following person as my second successor agent: _________(Name of Second

EFFECTIVENESS OF POWER OF ATTORNEY:

This instrument is to be construed and interpreted as a general durable power of attorney effective <u>only upon my disability</u>, incompetency or incapacity. It is my intent that the authority conferred herein upon my Agent shall be exercisable only upon my subsequent disability, incompetency or incapacity. No person who may act in reliance upon the authority granted to my Agent herein shall incur any liability to me or my estate as a result of permitting my Agent to exercise any such power.

REVOCATION OF EXISTING POWERS OF ATTORNEY

(Initial the following statement if it is your choice.)

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

GRANT OF GENERAL AUTHORITY

(Initial beside your choice of A or B, but not both.)

_____ A. I grant my agent general authority to act for me in all matters, including, without limitation, all of the subjects enumerated in B below.

B. I grant my agent general authority over the following subjects as defined in the following sections of the Uniform Power of Attorney Act: (Initial each subject you want to include in the agent's general authority.)

Real Property as defined in RSA 564-E:204

Tangible Personal Property as defined in RSA 564-E:205

Stocks and Bonds as defined in RSA 564-E:206

Commodities and Options as defined in RSA 564-E:207

Banks and Other Financial Institutions as defined in RSA 564-E:208

_____ Operation of Entity or Business as defined in RSA 564-E:209

Insurance and Annuities as defined in RSA 564-E:210

Estates, Trusts and Other Beneficial Interests as defined in RSA 564-E:211

Claims and Litigation as defined in RSA 564-E:212

Personal and Family Maintenance as defined in RSA 564-E:213

Benefits from Governmental Programs or Civil or Military Service as defined in RSA 564-E:214

_____ Retirement Plans as defined in RSA 564-E:215

_____ Taxes as defined in RSA 564-E:216

_____ Digital Assets NH Stat. 564-E:301 Statutory Form Power of Attorney.

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

(Initial each subject you want to include in the agent's authority. CAUTION: As to some of the following subjects, granting your agent authority will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.)

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 RSA 564-E:217 of the Uniform Power of Attorney Act (If you have granted your agent the authority to make a gift, then as to each of the following statements, initial beside it if it is your choice.)

_____ My agent may make a gift, even if it will leave me without sufficient assets or income to provide for my care without relying on Medicaid, other public assistance or charity.

_____ My agent may make a gift to himself or herself and to any individual to whom my agent owes a legal obligation of support.

_____ Create or change rights of survivorship

_____ Create or change a beneficiary designation

_____ Delegate authority granted under this Power of Attorney to another person

_____ Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

_____ Exercise the fiduciary power(s) that I have the authority to delegate as specified in the "Special Instructions" in Paragraph 7 of this Power of Attorney

Exercise authority over the content of electronic communication sent or received by me Exercise authority with respect to intellectual property, including, without limitation, copyrights, contracts for payment of royalties, and trademarks 6. LIMITATION ON AGENT'S AUTHORITY (OTHER THAN GIFTING) (If an agent (including successor agent) named in this Power of Attorney is someone other than an ancestor of yours, your spouse, or a descendant of yours, you must initial the following statement if it is your choice that such agent have the following authority. An agent who is an ancestor of yours, your spouse, or a descendant of yours already has the following authority under New Hampshire law.)

_____ My agent may exercise authority under this Power of Attorney to create in my agent, or in an individual to whom my agent owes a legal obligation of support, an interest in my property

by any manner (other than a gift), including, without limitation, by right of survivorship, beneficiary designation, or disclaimer.

LIMITATION ON AGENT'S AUTHORITY (OTHER THAN GIFTING)

(If an agent (including successor agent) named in this Power of Attorney is someone other than an ancestor of yours, your spouse, or a descendant of yours, you must initial the following statement if it is your choice that such agent have the following authority. An agent who is an ancestor of yours, your spouse, or a descendant of yours already has the following authority under New Hampshire law.)

_____ My agent may exercise authority under this Power of Attorney to create in my agent, or in an individual to whom my agent owes a legal obligation of support, an interest in my property by any manner (other than a gift), including, without limitation, by right of survivorship, beneficiary designation, or disclaimer.

SPECIAL INSTRUCTIONS (OPTIONAL)

(Here you may include special instructions. You may leave this Paragraph blank. You may attach additional pages as necessary.)

EFFECTIVE DATE AND AUTHORITY OF AGENT

This Power of Attorney is effective immediately unless I have stated otherwise in the Special Instructions above in this Power of Attorney. An agent (including successor agent) named in this Power of Attorney will have no authority to act as my agent until he or she has signed and affixed to this Power of Attorney an acknowledgment that is substantially the same as the Acknowledgment at the end of this Power of Attorney.

GOVERNING LAW

This Power of Attorney shall be governed by the laws of the State of New Hampshire.

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon this Power of Attorney if it is acknowledged before a notary public or other individual authorized to take acknowledgements (or a copy of the acknowledged Power of Attorney), unless that person knows it is void, invalid, or terminated.

SIGNATURE AND ACKNOWLEDGMENT

(You must date and sign this Power of Attorney. If you are physically unable to sign, it may be signed by someone else writing your name, in your presence and at your express direction. This Power of Attorney must be acknowledged before a notary public or other individual authorized by law to take acknowledgments.)

Principal's Signature

Principal's Printed Name: _____

Principal's Address: _____

Date: _____

STATE OF NEW HAMPSHIRE

COUNTY OF _____

The foregoing Power of Attorney was acknowledged before me on _____, by

_____, known to me or satisfactorily proven to be the

person named herein.

Signature of Notarial Officer

Title (and Rank): _____

My commission expires: _____

AGENT ACKNOWLEDGMENT

Notice to Agent: You will have no authority to act as agent under this Power of Attorney until you sign and affix this acknowledgment to the Power of Attorney. I,

Agent's Signature

Date: _____
