

**RHODE ISLAND
POWER OF ATTORNEY
PACKAGE**

Control Number: RI-P024-PKG



U.S. Legal Forms™ thanks you for your purchase of a Power of Attorney Package. This package is an important tool to help you manage your finances and personal matters. The forms found in this package allow you to make decisions about your finances, healthcare, and the care of minor children

TABLE OF CONTENTS

- | | |
|------|------------------------------|
| I. | Form List with descriptions |
| II. | Descriptions of Forms |
| III. | Tips on Completing the Forms |
| IV. | Disclaimer |

I. FORM LIST

With your Power of Attorney package, you will find the state specific forms that will help you prepare for and protect yourself and your loved ones from events that may affect your health, finances and personal affairs.

Included in your package are the following forms:

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| 1. | Statutory General Power of Attorney with Durable |
| Provisions | |
| 2. | Power of Attorney for Care and Custody of Children |
| 3. | Statutory Power of Attorney for Health Care |

II. DESCRIPTIONS OF FORMS

Brief descriptions of the forms contained in your U.S. Legal Forms™ Power of Attorney Package are found below.

Statutory General Power of Attorney with Durable Provisions– This is a statutory form provided in the Rhode Island General Laws. It is a very broad power of attorney which, depending on how it is completed, can be durable and/or limited. This form allows you to appoint an attorney-in-fact (agent) to make decisions regarding property, financial, business, insurance or other matters for you. This Power of Attorney does NOT provide for health care services.

Power of Attorney for Care and Custody of Children – This Power of Attorney is a form which provides for the appointment of an attorney-in-fact for the care of a child or children, including health care. This Power of Attorney form requires that the signature of the person giving another the power of attorney to be notarized.

Statutory Power of Attorney for Health Care – This Statutory Power of Attorney for Health Care gives the person you designate as your agent/attorney in fact the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this Power of Attorney. This document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive. You have the right to make health care decisions for yourself as long as you can give informed consent. No treatment may be given over your objection and health care necessary to keep you alive may not be stopped or withheld if you object.

If you need additional information, please visit www.uslegalforms.com and look up forms by subject matter. You may also wish to visit our legal definitions page at <http://definitions.uslegal.com/>

IV. TIPS ON COMPLETING THE FORMS

The form(s) in this packet may contain “form fields” created using Microsoft Word or Adobe Acrobat (“.pdf” format). “Form fields” facilitate completion of the forms using your computer. They do not limit your ability to print the form “in blank” and complete with a typewriter or by hand.

It is also helpful to be able to see the location of the form fields. Go to the View menu, click on Toolbars, and then select Forms. This will open the Forms toolbar. Look for the button on the Forms toolbar that resembles a shaded letter “a”. Click this button and the form fields will be visible.

By clicking on the appropriate form field, you will be able to enter the needed information. In some instances, the form field and the line will disappear after information is entered. In other cases, it will not. The form was created to function in this manner.

V. DISCLAIMER

These materials were developed by U.S. Legal Forms, Inc. based upon statutes and forms for the subject state. All information and Forms are subject to this Disclaimer:

All forms in this package are provided without any warranty, express or implied, as to their legal effect and completeness. Please use at your own risk. If you have a serious legal problem, we suggest that you consult an attorney in your state. U.S. Legal Forms, Inc. does not provide legal advice. The products offered by U.S. Legal Forms (USLF) are not a substitute for the advice of an attorney.

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