

# NEW HAMPSHIRE LIMITED 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, your Agent will continue to have these powers after you become incapacitated. You have the right to retain 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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BE IT ACKNOWLEDGED that I, \_\_\_\_\_ (principal name), with a social security number of \_\_\_\_\_ (SSN), the "Principal", do hereby grant a limited and specific power of attorney to \_\_\_\_\_ (agent name) of \_\_\_\_\_ (address) with a phone number of \_\_\_\_\_ (phone) as my "Attorney-in-Fact".

Said Attorney-in-Fact shall have full power and authority to undertake and perform only the following acts on my behalf:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein. My Attorney-in-Fact agrees to accept this

appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interest as my Attorney-in-Fact in its discretion deems advisable. This power of attorney is effective upon execution.

This power of attorney may be revoked by any of the following:

**(Initial and Check All Applicable Boxes)**

\_\_\_\_\_  - By the Principal at any time by signing a Revocation.

\_\_\_\_\_  - When the act(s) designated above have been completed.

\_\_\_\_\_  - On \_\_\_\_\_ (mm/dd/yyyy).

**This power of attorney form shall automatically be revoked upon my death or incapacitation**, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my Attorney-in-Fact until in receipt of actual notice of revocation.

**State Law.** This power of attorney is governed by the laws of the State of New Hampshire.

Signed on \_\_\_\_\_ (mm/dd/yyyy).

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
Principal's Printed Name

**ACCEPTANCE OF APPOINTMENT**

I, \_\_\_\_\_, the Attorney-in-Fact named above, hereby accept appointment as Attorney-in-Fact in accordance with the foregoing instrument.

\_\_\_\_\_  
**Attorney-in-Fact's Signature**

\_\_\_\_\_  
Attorney-in-Fact's Printed Name

## ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF \_\_\_\_\_

COUNTY \_\_\_\_\_

On \_\_\_\_\_ (mm/dd/yyyy), before me appeared \_\_\_\_\_, as Principal of this power of attorney who proved to me through government issued photo identification to be the above-named person, who in my presence executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

\_\_\_\_\_  
**Notary Public**

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