

# RHODE ISLAND REAL ESTATE POWER OF ATTORNEY

I, \_\_\_\_\_, of \_\_\_\_\_  
(Street) in the City of \_\_\_\_\_, State of Rhode Island ("Principal")  
hereby appoint \_\_\_\_\_, of \_\_\_\_\_  
(Street) in the City of \_\_\_\_\_, State of \_\_\_\_\_  
("Agent") to act on my behalf for the purpose(s) set forth in Article 1 below.

## ARTICLE 1. ASSIGNMENT OF AUTHORITY

(**Initial** and **Check** the Applicable Types):

\_\_\_\_\_  - **SALE of Real Estate:** My agent is authorized to act on my behalf for the purpose of selling the lands and premises located at \_\_\_\_\_ and with a legal description of \_\_\_\_\_. My agent is authorized to perform any and all acts related to such sale, including, but not limited to, executing, modifying, and delivering any and all documents necessary to complete the transaction as well as accepting the closing proceeds for deposit into my account which has been previously disclosed to my agent.

\_\_\_\_\_  - **PURCHASE of Real Estate:** My agent is authorized to act on my behalf for the purpose of purchasing the lands and premises located at \_\_\_\_\_ and with a legal description of \_\_\_\_\_. My agent is authorized to perform any and all acts related to such purchase, including, but not limited to the financing and mortgaging of the property. My agent is authorized to execute, modify and deliver any documents necessary to complete the financing and purchase of the property as well as to withdraw and disburse funds necessary for the closing from my account which I have previously disclosed to my agent.

\_\_\_\_\_  - **MANAGEMENT of Real Estate:** My agent is authorized to act on my behalf for the purpose of managing the premises located at \_\_\_\_\_ and with a legal description of \_\_\_\_\_. My agent is authorized to perform all acts related to maintaining the property, including, but not limited to: making repairs (with reimbursement), approving sub-contractors for work, negotiating rents, signing lease/sublease agreements, evicting tenants and any other representation as needed for day-to-day management.

\_\_\_\_\_  - **REFINANCING of Real Estate:** My agent is authorized to act on my behalf for the purpose of refinancing my debts, including, but not limited to, any debts secured by a mortgage on the lands and premises located at \_\_\_\_\_ and with a legal description of \_\_\_\_\_. My agent is authorized to perform any and all acts related to such refinancing, including but not limited to, modifying, executing and delivering any and all documents necessary to complete the refinancing as well as to withdraw and disburse funds necessary to complete the refinancing from my account which I have previously disclosed to my agent.

## ARTICLE 2. DURABLE POWER OF ATTORNEY

This power of attorney shall not be affected by the Principal's subsequent disability or incapacity unless otherwise stated in Article 3(b).

## ARTICLE 3. TERM

(**Initial** and **Check** the Applicable Term):

- a. \_\_\_\_\_  - This power of attorney is effective as of the date hereof and shall terminate upon revocation or automatically on \_\_\_\_\_ (mm/dd/yyyy).
- b. \_\_\_\_\_  - This power of attorney is effective as of the date hereof and shall terminate upon my death or revocation.
- c. \_\_\_\_\_  - (**Non-Durable Option**) This power of attorney is effective as of the date hereof and shall terminate upon my incapacity, or death, or revocation.

## ARTICLE 4. RATIFICATION

I, the Principal, grant my Agent full power and authority to perform all acts on my behalf as I could do if personally present, now ratifying and confirming all that my Agent may do pursuant to this power.

## ARTICLE 5. GOVERNING LAW

This Note shall be governed by, and construed in accordance with, the laws of the State of Rhode Island.

## ARTICLE 6. REVOCATION

I, the Principal, hereby revoke any existing powers of attorney that may have previously been granted by me relative to the above described property.

In witness whereof, I have executed this instrument on \_\_\_\_\_ (mm/dd/yyyy).

Principal's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## ACCEPTANCE BY AGENT

The undersigned Agent acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment as agent; (B) understand the duties under the Power of Attorney and under the law.

Agent's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## NOTARY ACKNOWLEDGMENT

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

COUNTY OF \_\_\_\_\_, ss.

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

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

Print Name: \_\_\_\_\_ My commission expires: \_\_\_\_\_