

DELAWARE POWER OF ATTORNEY FORM

NOTICE

As the person signing this authorization, you are the Principal.

The purpose of this Power of Attorney is to give the person you designate (your "Agent") broad powers to handle your property, which may include powers to sell or otherwise dispose of any real or personal property without your advance notice or approval.

This Power of Attorney does not authorize your Agent to make health-care decisions for you.

Unless you specify otherwise, your Agent's authority will continue even if you become incapacitated, or if you wish to revoke it.

You should select someone you trust to serve as your Agent. Unless you specify otherwise, generally the Agent's authority will continue until you die or revoke the Power of Attorney or the Agent resigns or is unable to act for you.

Your Agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one Agent. If you wish to name more than one Agent you may name a Co-Agent in the Special Instructions. Co-Agents are not required to act

together unless you include that requirement in the Special Instructions.

If your Agent is unable or unwilling to act for you, your Power of Attorney will end unless you have named a Successor Agent. You may also name a second Successor Agent.

This Power of Attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the Power of Attorney or the authority you are granting to your Agent, you should seek legal advice before signing this form.

I. DESIGNATION OF AGENT

I, _____, of _____
(Principal's Address), name the following person as my Agent:

Name of Agent: _____

Agent's Address: _____

Agent's Telephone Number: _____

II. DESIGNATION OF SUCCESSOR AGENT (OPTIONAL)

If my Agent is unable or unwilling to act for me, I name as my Successor Agent:

Name of Successor Agent: _____

Successor Agent's Address: _____

Successor Agent's Telephone Number: _____

III. GRANT OF GENERAL AUTHORITY

I grant my Agent and any Successor Agent general authority to act for me with respect to the following subjects as defined in the Durable Personal Power of Attorney Act, Delaware Code Title 12, Chapter 49A.

(Check the boxes of the subjects you want to include in the Agent's general authority. If you wish to grant general authority over all of the subjects you may check "All Preceding Subjects" instead of checking each subject.)

- ☐ Real Property
- ☐ Tangible Personal Property
- ☐ Stocks and Bonds
- ☐ Commodities and Options
- ☐ Banks and Other Financial Institutions
- ☐ Operation of Entity or Business
- ☐ Insurance and Annuities
- ☐ Estates, Trusts, and Other Beneficial Interests
- ☐ Claims and Litigation
- ☐ Personal and Family Maintenance
- ☐ Benefits from Governmental Programs or Civil or Military Service
- ☐ Retirement Plans
- ☐ Taxes
- ☐ **All Preceding Subjects**

IV. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My Agent **MAY NOT** do any of the following specific acts for me **UNLESS** I have checked the

specific box below.

(Caution: Granting any of the following 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.)

- ☐ Create, amend, revoke, or terminate an inter vivos trust
- ☐ Make a gift as limited by § 49A-217 of the Durable Personal Power of Attorney Act
- ☐ Create or change rights of survivorship
- ☐ Create or change a beneficiary designation
- ☐ Authorize another person to exercise the authority granted under this Power of Attorney
- ☐ Waive the Principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- ☐ Exercise fiduciary powers that the Principal has authority to delegate
- ☐ Disclaim or refuse an interest in property, including a power of appointment

V. LIMITATION ON AGENT'S AUTHORITY

An Agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the Agent or a person to whom the Agent owes an obligation of support unless I have included that authority in the Special Instructions.

VI. SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

VII. EFFECTIVE DATE

This Power of Attorney is effective immediately unless I have stated otherwise in the Special Instructions.

VIII. NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Nominee for Guardian of my Estate: _____

Nominee's Address: _____

Nominee for Guardian of my Person: _____

Nominee's Address: _____

IX. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my Agent, may rely upon the validity of this Power of Attorney or a copy of it unless that person knows it has terminated or is invalid.

X. SIGNATURE AND ACKNOWLEDGMENT

Principal's Signature

I, the Principal, sign my name to this Power of Attorney on the date indicated below.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

XI. STATEMENT OF WITNESS

(Note: Delaware law requires one witness. The witness **cannot** be: (1) Related to the principal by blood, marriage, or adoption; (2) The Agent or a relative of the Agent; or (3) Entitled to any portion of the Principal's estate upon death.)

I, the witness, swear that I am not related to the Principal by blood, marriage, or adoption; and that I am not entitled to any portion of the estate of the Principal under the Principal's current will or under the laws of intestate succession of this jurisdiction.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Address: _____

XII. NOTARY ACKNOWLEDGMENT

State of Delaware

County of _____

This instrument was acknowledged before me on the _____ day of _____, 20____, by
_____ (Name of Principal).

Signature of Notary Public: _____

(Seal)

My Commission Expires: _____ day of _____, 20____

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IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the Principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- 1. Do what you know the Principal reasonably expects you to do with the Principal's property or, if you do not know the Principal's expectations, act in the Principal's best interest;**
- 2. Act in good faith;**
- 3. Do nothing beyond the authority granted in this Power of Attorney; and**
- 4. Disclose your identity as an Agent whenever you act for 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.**

Unless the Special Instructions in this Power of Attorney state otherwise, you must also:

- 1. Act loyally for the Principal's benefit;**
- 2. Avoid conflicts that would impair your ability to act in the Principal's best interest;**
- 3. Act with care, competence, and diligence;**
- 4. Keep a record of all receipts, disbursements, and transactions made on behalf of the**

Principal;

- 5. Cooperate with any person that has authority to make health-care decisions for the Principal to do what you know the Principal reasonably expects or, if you do not know the Principal's expectations, to act in the Principal's best interest; and**
- 6. Attempt to preserve the Principal's estate plan if you know the plan and preserving the plan is consistent with the Principal's best interest.**

Termination of Agent's Authority

You must stop acting on behalf of the Principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include:

- 1. Death of the Principal;**
- 2. The Principal's revocation of the Power of Attorney or your authority;**
- 3. The occurrence of a termination event stated in the Power of Attorney;**
- 4. The purpose of the Power of Attorney is fully accomplished; or**
- 5. If you are married to the Principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this Power of Attorney state that such an action will not terminate your authority.**

Liability of Agent

The meaning of the authority granted to you is defined in the Durable Personal Power of Attorney Act, Delaware Code Title 12, Chapter 49A. If you violate the Durable Personal Power of Attorney Act, Delaware Code Title 12, Chapter 49A, or act outside the authority granted, you may be liable for any damages caused by your violation.

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

AGENT'S CERTIFICATION**

I, _____ (Name of Agent), have read the attached Power of Attorney and I am the person identified as the Agent for the Principal. I hereby acknowledge that when I act as Agent:

I shall act in accordance with the Principal's reasonable expectations to the extent actually known by me and, otherwise, in the Principal's best interest; act in good faith; and act only within the scope of authority granted in the Power of Attorney.

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____