

RHODE ISLAND POWER OF ATTORNEY FORM

NOTICE TO THE PRINCIPAL: THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR ATTORNEY-IN-FACT (YOUR AGENT) THE POWER TO MANAGE, DISPOSE OF, SELL, AND CONVEY YOUR REAL AND PERSONAL PROPERTY AND TO USE YOUR PROPERTY AS SECURITY IF YOUR AGENT BORROWS MONEY ON YOUR BEHALF.
2. THIS DOCUMENT DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS DOCUMENT.
3. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED, UNLESS YOU EXPRESSLY STATE OTHERWISE OR UNLESS YOU REVOKE THE POWER OF ATTORNEY.
4. YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM THE AGENT'S FUNDS.
5. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY.
6. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.
7. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

I. APPOINTMENT OF AGENT

This Power of Attorney is made on the _____ day of _____, 20_____.

I, the Principal, hereby appoint the following individual as my Agent (attorney-in-fact):

The Principal: _____

Address: _____

The Agent: _____

Address: _____

II. APPOINTMENT OF ALTERNATE AGENT

If my Agent is unable or unwilling to serve for any reason, I appoint:

The Alternate Agent: _____

Address: _____

III. GRANT OF 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 Rhode Island Statutory Short Form Power of Attorney Act (R.I. Gen. Laws § 18-16-2).

(Check the boxes below to indicate the powers granted. You may check "All of the Above" to grant all powers.)

- ☐ (A) Real estate transactions.
- ☐ (B) Chattel and goods transactions.
- ☐ (C) Bond, share, and commodity transactions.
- ☐ (D) Banking transactions.
- ☐ (E) Business operating transactions.
- ☐ (F) Insurance transactions.
- ☐ (G) Claims and litigations.
- ☐ (H) Benefits from military service.
- ☐ (I) Records, reports, and statements.
- ☐ (J) Commodity and option transactions.
- ☐ (K) Family maintenance.
- ☐ (L) Estate transactions.
- ☐ (M) All other property powers and transactions.
- ☐ (N) All of the above.

IV. SPECIAL INSTRUCTIONS AND LIMITATIONS

My Agent shall have the following special instructions or limitations on the powers granted (if none, leave blank):

V. DURABILITY AND EFFECTIVE DATE

This Power of Attorney shall be construed as a Durable Power of Attorney.

(Check one of the following)

☐ **Effective Immediately.** This Power of Attorney is effective immediately and shall not be affected by my subsequent disability or incapacity.

☐ **Springing (Effective upon Incapacity).** This Power of Attorney shall become effective only upon my disability or incapacity. I shall be considered disabled or incapacitated if two (2) licensed physicians certify in writing that I am unable to manage my financial affairs.

VI. AUTHORITY OF AGENT

Any party dealing with my Agent hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my Agent as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my Agent or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my Agent shall lawfully do under this instrument.

VII. REIMBURSEMENT AND COMPENSATION

My Agent is entitled to reimbursement for reasonable expenses incurred in exercising the powers granted by this Power of Attorney.

(Check one)

- ☐ My Agent is entitled to reasonable compensation for services rendered.
- ☐ My Agent shall NOT be entitled to compensation for services rendered.

VIII. NOMINATION OF GUARDIAN

If a court decides that it is necessary to appoint a guardian or conservator for my person or estate, I nominate my Agent designated above to serve in that capacity.

IX. REVOCATION

I hereby revoke any and all general Powers of Attorney previously executed by me. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

X. GOVERNING LAW

This Power of Attorney shall be governed by the laws of the State of Rhode Island.

XI. SIGNATURE AND ACKNOWLEDGMENT

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the date first written above.

PRINCIPAL

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

XII. WITNESSES

We, the witnesses, each sign our names to this instrument in the presence of the Principal. To the best of our knowledge, the Principal is eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

WITNESS 1

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

WITNESS 2

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

XIII. NOTARY ACKNOWLEDGMENT

State of Rhode Island

County of _____

On this _____ day of _____, 20 _____, before me, the undersigned notary public, personally appeared _____ (name of Principal), personally known to the notary or proved to the notary through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to the notary that he/she signed it voluntarily for its stated purpose.

NOTARY PUBLIC

Signature: _____

Print Name: _____

My Commission Expires: _____ day of _____, 20 _____