

WYOMING POWER OF ATTORNEY FORM

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM POWER OF ATTORNEY ACT, WYOMING STATUTES 3-9-101 ET SEQ. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I. APPOINTMENT OF AGENT

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

I, the Principal, hereby appoint the following person as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the subjects indicated below:

The Principal: _____

Address: _____

The Agent: _____

Address: _____

II. DESIGNATION OF SUCCESSOR AGENT (OPTIONAL)

If my Agent resigns, dies, becomes incapacitated, is not qualified to serve, or declines to serve, I name the following person as my Successor Agent:

The Successor Agent: _____

Address: _____

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 Wyoming Uniform Power of Attorney Act (W.S. 3-9-204 through 3-9-217):

(Check the boxes of the subjects you wish to grant authority for. If you wish to grant authority for all subjects, check the box labeled "All Preceding Subjects".)

- ☐ Real Property (W.S. 3-9-204)
- ☐ Tangible Personal Property (W.S. 3-9-205)
- ☐ Stocks and Bonds (W.S. 3-9-206)
- ☐ Commodities and Options (W.S. 3-9-207)
- ☐ Banks and Other Financial Institutions (W.S. 3-9-208)
- ☐ Operation of Entity or Business (W.S. 3-9-209)
- ☐ Insurance and Annuities (W.S. 3-9-210)
- ☐ Estates, Trusts, and Other Beneficial Interests (W.S. 3-9-211)
- ☐ Claims and Litigation (W.S. 3-9-212)
- ☐ Personal and Family Maintenance (W.S. 3-9-213)
- ☐ Benefits from Governmental Programs or Civil or Military Service (W.S. 3-9-214)
- ☐ Retirement Plans (W.S. 3-9-215)
- ☐ Taxes (W.S. 3-9-216)
- ☐ **All Preceding Subjects**

IV. GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

Pursuant to W.S. 3-9-201, my Agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed 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, subject to the limitations of the Wyoming Uniform 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

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 below.

VI. SPECIAL INSTRUCTIONS (OPTIONAL)

On the following lines, I may give special instructions or limit or extend the powers granted to my Agent:

VII. DURABILITY AND EFFECTIVE DATE

This Power of Attorney shall be effective: (Check one)

- ☐ Immediately upon execution.
- ☐ Upon my disability or incapacity (Springing Power).

This Power of Attorney is durable. It shall not be affected by my subsequent disability or incapacity, or the lapse of time.

VIII. NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

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

Nominee for Conservator of my Estate: _____

Nominee for Guardian of my Person: _____

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. REVOCATION

I hereby revoke all Powers of Attorney previously executed by me. This Power of Attorney shall remain in full force and effect until I revoke it in writing or until my death.

XI. GOVERNING LAW

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

XII. SIGNATURE AND ACKNOWLEDGMENT

THE PRINCIPAL

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

NOTARY PUBLIC

State of Wyoming

County of _____

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

Signature of Notarial Officer: _____

(Seal, if any)

Title (and Rank): _____

My Commission Expires: _____ day of _____, 20 _____

XIII. AGENT'S CERTIFICATION

I, the undersigned Agent, certify that the Principal named above granted me authority as an agent or

attorney-in-fact in a power of attorney dated the _____ day of _____, 20____.

I further certify that to my knowledge:

(1) The Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;

(2) If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(4) _____

(Insert other relevant statements)

THE AGENT

Signature: _____

Print Name: _____

Date: _____ day of _____, 20____

Address: _____