

# **POWER OF ATTORNEY**

## **(STATUTORY FORM)**

**NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THIS PART. 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, AND YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

I, \_\_\_\_\_  
(insert your name and address)

appoint \_\_\_\_\_  
(insert the name and address of the person appointed)

**as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:**

**TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS. TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.**

**INITIAL**

- \_\_\_\_\_ (A) Real property transactions;
- \_\_\_\_\_ (B) Tangible personal property transactions;
- \_\_\_\_\_ (C) Stock and bond transactions;
- \_\_\_\_\_ (D) Commodity and option transactions;
- \_\_\_\_\_ (E) Banking and other financial institution transactions;
- \_\_\_\_\_ (F) Business operating transactions;
- \_\_\_\_\_ (G) Insurance and annuity transactions;
- \_\_\_\_\_ (H) Estate, trust, and other beneficiary transactions;
- \_\_\_\_\_ (I) Claims and litigation;
- \_\_\_\_\_ (J) Personal and family maintenance;
- \_\_\_\_\_ (K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs or from military service;
- \_\_\_\_\_ (L) Retirement plan transactions;
- \_\_\_\_\_ (M) Tax matters;
- \_\_\_\_\_ (N) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ALL OTHER LINES IF YOU INITIAL LINE (N).

**SPECIAL INSTRUCTIONS: ON THE FOLLOWING LINES, YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.**

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**UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.**

**This power of attorney revokes all previous powers of attorney signed by me.**

***STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO REVOKE ALL PREVIOUS POWERS OF ATTORNEY SIGNED BY YOU.***

*IF YOU DO WANT THIS POWER OF ATTORNEY TO REVOKE ALL PREVIOUS POWERS OF ATTORNEY SIGNED BY YOU, YOU SHOULD READ THOSE POWERS OF ATTORNEY AND SATISFY THEIR PROVISIONS CONCERNING REVOCATION. THIRD PARTIES WHO RECEIVED COPIES OF THOSE POWERS OF ATTORNEY SHOULD BE NOTIFIED.*

**This power of attorney will continue to be effective if I become disabled, incapacitated, or incompetent.**

***STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.***

**If it becomes necessary to appoint a conservator of my estate or guardian of my person, I nominate my agent.**

***STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT TO NOMINATE YOUR AGENT AS CONSERVATOR OR GUARDIAN.***

**If any agent named by me dies, becomes incompetent, resigns or refuses to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to the agent:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**For purposes of this subsection, a person is considered to be incompetent if and while: (1) the person is a minor; (2) the person is an adjudicated incompetent or a disabled person; (3) a conservator has been appointed to act for the person; (4) a guardian has been appointed to act for the person; or (5) the person is unable to give prompt and intelligent consideration to business matters as certified by a licensed physician.**

**I agree that any third person who receives a copy of this document may act under it. I may revoke this power of attorney by a written document that expressly indicates my intent to revoke. Revocation of the Power of Attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_  
**(Your Signature)**

**Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_**

**State of Montana**  
**County of \_\_\_\_\_**

**This document was acknowledged before me on \_\_\_\_\_.**

**Name of Principal: \_\_\_\_\_.**

**(Notarial Seal)** \_\_\_\_\_  
**Notary Public for the State of Montana**  
**Residing at: \_\_\_\_\_**  
**My commission expires: \_\_\_\_\_**

**BY SIGNING, ACCEPTING OR ACTING UNDER THIS APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. THE AGENT WORKS EXCLUSIVELY FOR THE BENEFIT OF THE PRINCIPAL. THE FOREMOST DUTY AS THE AGENT IS THAT OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE PRINCIPAL. THE AGENT SHALL DIRECT ANY BENEFITS DERIVED FROM THE POWER OF ATTORNEY TO THE PRINCIPAL. THE AGENT HAS A DUTY TO AVOID CONFLICTS OF INTEREST AND TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES.**

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**Signature of Agent**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

## DISCLAIMER

**This excerpt from the Legal Guide was compiled by the Department of Public Health and Human Services (DPHHS), Senior and Long Term Care Division, Aging Services Bureau, Legal Service Developer Program. This publication is not intended to be a substitute for legal advice. Rather, it is designed to help families become better acquainted with some of the devices used in long-term planning and to create an awareness of the need for such planning. Future changes in laws cannot be predicted and statements in this narrative are based solely on those laws in force on the date of publication.**

**We recommend that you seek legal advice for all your planning needs.**

**10/15/10**