IDaho STATUTORY FORM Power of Attorney
(Special)

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent can make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code. This power of attorney does not authorize the agent to make health care decisions for you. You should select someone you trust to serve as your agent. The agent’s authority will continue until your death unless you revoke the power of attorney or the agent resigns. Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one (1) agent. If you wish to name more than one (1) agent, you may name a coagent 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.

DESIGNATION OF AGENT

I, ____________________________, name the following person as my agent:

Name of Agent: __________________________________________
Agent’s Address: _________________________________________
Agent’s Phone Number: (______)______________________

DESIGNATION OF SUCCESSOR AGENT(S) (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 Phone Number: (______)______________________

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 Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code: (INITIAL on the item listed as in bold print “Real Property”. If you want your agent to act for you on the other items, this Power of Attorney will need to be prepared by you and/or your attorney.)

INITIAL   _____ Real Property
           _____ Tangible Personal Property
           _____ Stocks and Bonds
           _____ Commodities and Options
           _____ Banks and Other Financial Institutions
           _____ Operation of an 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

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

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. INITIAL ONLY the specific authority you WANT to give your agent. (If any item is initialed this Power of Attorney may not be used by Pioneer Title Company’s escrow officers unless this document was prepared by you and/or your attorney outside of escrow).

Create, amend, revoke, or terminate an inter vivos trust

Make a gift, subject to the limitations of the uniform power of attorney act, chapter 12, title 15, Idaho Code, and any special instructions in this power of attorney

Make a gift without limitations except any special instructions in this power of attorney

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

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.
SPECIAL INSTRUCTIONS
On the following lines you may give special instructions, these instructions apply specifically to File No. _______________________

To preserve, manage, lease, exchange, sell or purchase for cash, credit or on contract, convey, encumber by mortgage or deed of trust all upon such terms and conditions as he or she sees fit, as the same pertains to that certain real property commonly known as: ____________________________

___________________________

and legally described as: ____________________________

(city/state)

EFFECTIVE DATE
This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

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 is terminated or invalid.

Your Name Printed: ______________________________
Your Address: ____________________________________
Your Phone Number: (_____)_______________________

SIGNATURE AND ACKNOWLEDGMENT
Date: __________________________

__________________________________________

by:

State of ______________, County of _________________________ -

On this ___ day of ___________ in the year of ___, before me, the undersigned, a Notary Public in and for said State, personally appeared ____________________________ known or identified to me to be the person/persons whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.

______________

Residing at:
Commission Expires:

POA (July 2008)
IMPORTANT INFORMATION FOR AGENT  
(Do Not Record)

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 signing 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 conducted for 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. A legal action is filed with a court to end your marriage to the principal, 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 act. If you violate the act 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.

15-12-302. AGENT’S CERTIFICATION. The following optional form may be used by an agent to certify facts concerning a power of attorney.
AGENT’S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT’S AUTHORITY

State of __________ )
 County of _________ ) ss.

I «RESWARE_SP_CF_Power», certify under penalty of perjury that «RESWARE_SP_CF_Power» granted me authority as an agent or successor agent in a Power of Attorney dated «RESWARE_SP_GetDocumentCreatedLong_1».

I further certify that to my knowledge:
  • The Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and that the Power of Attorney and my authority to act under the Power of Attorney have not terminated;
  • If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
  • If I was named as a successor agent, that the prior agent is no longer able or willing to serve; and
  • (Insert other relevant statements: ______________________________
    __________________________________________________________
    __________________________________________________________

SIGNATURE AND ACKNOWLEDGMENT

________________________________________
Date

Agent’s Signature

________________________________________
Agent’s Name Printed:

________________________________________
Agent’s Address:

________________________________________
Agent’s Phone Number

This document was acknowledged before me on __________ by ____________________________.

________________________________________
Notary Public for Idaho:
Residing at: ______________
My commission expires: __________

POA (July 2008)