VERMONT LIMITED POWER OF ATTORNEY

I, (name), currently residing at		
(address), hereby appoi		
(agent s name), currently residing at		
(address), as my agen		
(attorney-in-fact) to act for me in any lawful way with respect to the following limited		
purpose(s):		
SPECIAL INSTRUCTIONS:		
THE FOREGOING POWERS ARE SPECIFICALLY INTENDED TO PERTAIN SOLELY		
AND BE LIMITED TO ALL DECISIONS AND ACTIONS TO BE MADE OR TAKEN I		
CONNECTION WITH THE LIMITED PURPOSES DESCRIBED ABOVE.		
EFFECTIVE DATE:		
(initial one)		
THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY.		
THIS POWER OF ATTORNEY IS EFFECTIVE on, 20		
ΓERMINATION DATE:		
initial one)		
THIS POWER OF ATTORNEY WILL BE TERMINATED WHEN I HAVE SIG		



A WRITTEN REVOCATION.	
THIS POWER OF ATTORNEY 120	WILL BE TERMINATED on,
THIS POWER OF ATTORNEY	WILL BE TERMINATED WHEN I AM
DETERMINED TO BE INCAPACITATE	D, AS DEFINED BELOW.
Successor Attorney- in-Fact. If	(agent's name) is unable or unwilling to
serve or to continue to serve as my attorney	y-in-fact for any reason, then
(alternate agent's name), presently residing	g at
(address) is hereby appointed successor atto	orney-in-fact hereunder.
I agree that any third party who rece	eives a copy of this document may act under it.
Revocation of the power of attorney is not	effective as to a third party until the third party has
actual knowledge of the revocation. I agree	to indemnify the third party for any claims that arise
against the third party because of reliance of	on this power of attorney.
Signed this day of	, 20
(signature)	



(printed name)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF VERMONT)	
) ss	
COUNTY OF)	
On	before me.	
		(insert name and title of the officer)
personally appeared		, who proved to me on the
instrument and acknowledged authorized capacity(ies), and or the entity upon behalf of w	d to me that he/she that by his/her/the which the person(s)	s) whose name(s) is/are subscribed to the within e/they executed the same in his/her/their eir signature(s) on the instrument the person(s), acted, executed the instrument. The laws of the State of Vermont that the
foregoing paragraph is true as	nd correct.	
WITNESS my hand and office	cial seal.	
Signature		(seal)



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category Limited Power of Attorney Template.

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Vermont Power of Attorney Forms.

