

RHODE ISLAND LIMITED POWER OF ATTORNEY

I, _____ (*name*), currently residing at _____
_____ (*address*), hereby appoint
_____ (*agent s name*), currently residing at
_____ (*address*), as my agent
(*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 IN
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__.

TERMINATION DATE:

(initial one)

_____ THIS POWER OF ATTORNEY WILL BE TERMINATED WHEN I HAVE SIGNED



A WRITTEN REVOCATION.

_____ THIS POWER OF ATTORNEY WILL BE TERMINATED on _____,
20__.

_____ THIS POWER OF ATTORNEY WILL BE TERMINATED WHEN I AM
DETERMINED TO BE INCAPACITATED, 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-in-fact for any reason, then _____
(alternate agent's name), presently residing at _____
(address) is hereby appointed successor attorney-in-fact hereunder.

I agree that any third party who receives 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 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 RHODE ISLAND)
) ss
COUNTY OF _____)

On _____ before me, _____,
 (insert name and title of the officer)
 personally appeared _____, who proved to me on the
 basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
 instrument and acknowledged to me that he/she/they executed the same in his/her/their
 authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),
 or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Rhode Island that the
 foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)



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category [Limited Power of Attorney Template](#).

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[Rhode Island Power of Attorney Forms](#).

