**STATE OF WYOMING**

**STATUTORY FORM POWER OF ATTORNEY**

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning

your property for you (the principal). Your agent will be able to 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, W.S. 3-9-101 through 3-9-403.

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. Unless you specify otherwise,

generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you. 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. Coagents 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 OF PRINCIPAL] name the following person as my agent:

Name of Agent: [NAME OF AGENT]

Agent's Address: [ADDRESS OF AGENT]

Agent's Telephone Number: [TELEPHONE NUMBER OF AGENT]

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: [NAME OF SUCCESSOR AGENT]

Successor Agent's Address: [ADDRESS OF SUCCESSOR AGENT]

Successor Agent's Telephone Number: [PHONE NUMBER OF SUCCESSOR AGENT]

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: [NAME OF SECOND SUCCESSOR AGENT]

Second Successor Agent's Address: [ADDRESS OF SECOND SUCCESSOR AGENT]

Second Successor Agent's Telephone Number: [PHONE OF SECOND SUCCESSOR AGENT]

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, W.S. 3-9-101 through 3-9-

403:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant

general authority over all of the subjects you may initial "All Preceding Subjects" instead of

initialing each subject.)

([INITIALS]) Real Property

([INITIALS]) Tangible Personal Property

([INITIALS]) Stocks and Bonds

([INITIALS]) Commodities and Options

([INITIALS]) Banks and Other Financial Institutions

([INITIALS]) Operation of Entity or Business

([INITIALS]) Insurance and Annuities

([INITIALS]) Estates, Trusts and Other Beneficial Interests

([INITIALS]) Claims and Litigation

([INITIALS]) Personal and Family Maintenance

([INITIALS]) Benefits from Governmental Programs or Civil or Military Service

([INITIALS]) Retirement Plans

([INITIALS]) Taxes

([INITIALS]) 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.)

([INITIALS]) Create, amend, revoke or terminate an inter vivos trust

([INITIALS]) Make a gift, subject to the limitations of the Uniform Power of Attorney Act, W.S. 3-9-217, and any special instructions in this power of attorney

([INITIALS]) Create or change rights of survivorship

([INITIALS]) Create or change a beneficiary designation

([INITIALS]) Authorize another person to exercise the authority granted under this power of attorney

([INITIALS]) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

([INITIALS]) Exercise fiduciary powers that the principal has authority to delegate

([INITIALS]) Disclaim or refuse an interest in property, including a power of appointment

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 (OPTIONAL)

You may give special instructions on the following lines:

[DESCRIBE SPECIAL INSTRUCTIONS IF ANY]

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special

Instructions.

NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a conservator of my estate or guardian of my

person, I nominate the following person(s) for appointment:

Name of Nominee for conservator of my estate: [CONSERVATOR NAME]

Nominee's Address:[CONSERVATOR ADDRESS]

Nominee's Telephone Number: [CONSERVATOR PHONE NUMBER]

Name of Nominee for guardian of my person: [GUARDIAN NAME]

Nominee's Address: [GUARDIAN ADDRESS]

Nominee's Telephone Number: [GUARDIAN PHONE NUMBER]

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.

SIGNATURE AND ACKNOWLEDGMENT

Your Signature and Date: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Your Name Printed: [PRINCIPAL NAME]

Your Address: [PRINCIPAL ADDRESS]

Your Telephone Number: [PRINCIPAL PHONE NUMBER]

State of Wyoming

County of: [COUNTY NAME]

This document was acknowledged before me on [DATE] by

[NAME OF PRINCIPAL].

(Seal, if any)

Signature of Notary: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

My commission expires: [DATE COMMISSION EXPIRES]

IMPORTANT INFORMATION FOR AGENT

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 shall:

(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 writing or printing

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 shall 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 made on behalf of 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 shall 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) If you are married to the principal, a legal action is filed with a court to end your marriage or

for your legal separation unless the Special Instructions in

this power of attorney state that such action will not terminate your authority.

Liability of Agent

The meaning of the authority granted to you is defined in the Uniform Power of Attorney Act,

W.S. 3-9-101 through 3-9-403. If you violate the Uniform Power of Attorney Act, W.S. 3-9-101

through 3-9-403, 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.

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of Wyoming

County of [COUNTY NAME]

I, [NAME OF AGENT] certify under penalty of perjury that

[NAME OF PRINCIPAL] granted me authority as an agent or

successor agent in a power of attorney dated (Date).

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)

[OTHER RELEVANT INSTRUCTIONS IF ANY]

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent's Name Printed: [NAME OF AGENT]

Agent's Address: [ADDRESS OF AGENT]

Agent's Telephone Number:[PHONE NUMBER OF AGENT]

This document was acknowledged before me on [DATE], by

[NAME OF AGENT].

(Seal, if any)

Signature of Notary: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

My commission expires: [DATE COMMISSION EXPIRES]