

VERMONT LIMITED (SPECIAL) POWER OF ATTORNEY

DESIGNATION OF AGENT

I, _____, of _____, City of _____,
State of _____ (the "Principal"): (**INITIAL** all that apply)

_____ Revoke all previous powers of attorney; and

_____ Name the following person as my Agent:

Name of Agent: _____ ("Agent")

Agent's Address: _____, City of _____,
State of _____

Agent's Telephone Number: _____

DESIGNATION OF SUCCESSOR AGENT (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: _____, City of _____,
State of _____

Successor Agent's Telephone Number: _____

GRANT OF LIMITED AUTHORITY

I grant my Agent and any successor Agent limited authority to act for me with respect to the following:

EFFECTIVE DATE

This Power of Attorney becomes effective when executed unless the Principal has initialed one of the following:

_____ This Power of Attorney is effective only upon my later incapacity; OR

_____ This Power of Attorney is effective only upon my later incapacity or unavailability;
OR

_____ I direct that this Power of Attorney shall become effective when one or more of the following occurs:

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

IN WITNESS WHEREOF, on _____, I have executed this Power of Attorney.

Principal's Signature

Printed Name

STATE OF VERMONT

_____ County, ss.

On _____, before me appeared _____, as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that they executed the same as their free act and deed.

Notary Public

(seal, if any)

Print Name

My commission expires: _____