

MASSACHUSETTS DURABLE POWER OF ATTORNEY

I, _____ (name), of _____ (city or town), Massachusetts, appoint _____ (name of person being appointed), a resident of _____ (city or town), _____ (state), as my attorney-in-fact. I intend to create a Durable Power of Attorney.

This power shall take effect on the date I am detained by law enforcement. Proof of my detention shall be by a copy of government document showing my detention, or through attestation of an attorney on my behalf or through attestation of my attorney-in-fact.

If any attorney-in-fact appointed herein is unavailable or resigns, dies, or becomes incompetent, then I appoint the following individual as substitute attorney-in-fact, with all the same powers as given to the original attorney-in-fact: _____ (name), a resident of _____.

I give to my attorney-in-fact the following powers, to be used for my benefit in a fiduciary capacity. (*INITIAL THE POWERS GIVEN*).

_____ This document is intended to be a general power of attorney giving my attorney-in-fact full power to do anything I could do if present in person.

If the above general power of attorney is not initialed, please initial below which powers are given.

I authorize the person with my attorney-in-fact:

_____ A. To write checks, withdraw money from any accounts I may have with any bank or other similar institution, and to endorse and cash checks, to remove any of the contents of any such safe deposit boxes; and to close out any account or box.

_____ B. To transfer money or property of mine to himself or herself individually.

_____ C. To enter into a lease or tenancy, change the terms of or end a tenancy for me, my spouse, and/or my children.

_____ D. To pay bills for my spouse or children's general welfare, including medical bills, insurance, rent, telephone, and other utility bills.

_____ E. I also give my attorney-in-fact the authority to: _____.

I hold harmless and person or entity who suffers loss or liability from reliance on this power of attorney.

Signature _____ Date: _____

COMMONWEALTH OF MASSACHUSETTS

Witness #1 Signature: _____ Print Name: _____ Date: _____

Witness #2 Signature: _____ Print Name: _____ Date: _____