**VERMONT LIMITED POWER OF ATTORNEY**

**DESIGNATION OF AGENT**

I, [NAME OF PRINCIPAL], of [ADDRESS] (the “Principal”): (**INITIAL** all that apply)

[INITIALS] Revoke all previous powers of attorney; and

[INITIALS] Name the following person as my Agent:

Name of Agent: [NAME OF AGENT] (“Agent”)

Agent’s Address: [ADDRESS OF AGENT], State of [STATE OF AGENT]

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

**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 NAME]

Successor Agent’s Address: [SUCCESSOR AGENT'S ADDRESS]

Successor Agent’s Telephone Number: [SUCCESSOR AGENT'S PHONE]

**GRANT OF LIMITED AUTHORITY**

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

[DESCRIBE THE AGENT'S AUTHORITY]

**EFFECTIVE DATE**

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

[INITIALS] This Power of Attorney is effective only upon my later incapacity; OR

[INITIALS] This Power of Attorney is effective only upon my later incapacity or unavailability; OR

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

[BECOMES EFFECTIVE WHEN:]

**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 [DATE], I have executed this Power of Attorney.

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

Principal’s Signature

[NAME OF PRINCIPAL]

Printed Name

STATE OF VERMONT

[NAME OF COUNTY] County, ss.

 On [DATE] before me appeared [NAME OF PRINCIPAL], 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 (s)he executed the same as his/her free act and deed.

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

Notary Public

(seal, if any)

[NOTARY PUBLIC NAME]

Print Name

My commission expires: [DATE COMMISSION EXPIRES]