

North Dakota Durable Power of Attorney

IMPORTANT INFORMATION

In the power of attorney outlined below, another person (referred to as your agent) is authorized to make decisions related to your property and other affairs on your behalf (you as the principal). This authority remains in effect whether or not you're able to make decisions due to incompetence or incapacity.

Note: The agent doesn't have the authority to make medical decisions on your behalf.

Within this document, there's a provision for a single agent and a successor agent. If you'd like to appoint a second (also known as a successor agent) or a co-agent, you may do so using the special instructions. The co-agent is not required to work with the primary agent unless it's stated in the special instructions. The secondary agent doesn't have authority until the primary agent is unwilling or unable to act on your behalf.

DESIGNATION OF AGENT

On the ___ day of _____, 20___ I, _____ (principal) of _____ [Address], authorize _____ of _____ [Address], as my agent (attorney-in-fact) to act for me and in my name according to the instructions in the document below. If the primary agent named above is unable to act on my behalf or unwilling to act on my behalf, then _____ of _____ [Address] will be my successor agent.

_____ - A. I, the principal, permit the agent named above to assume the powers outlined in this document as soon as it is executed. The authority granted remains in effect even in the case of my personal disability.

Or

_____ - B. I, the principal, permit the agent named above to assume the powers outlined in this document when it has been determined by primary doctor that I am no longer capable of handling my affairs due to incompetence or incapacity.

AUTHORITY GRANTED

My agent shall exercise powers in my best interests and for my welfare, as a fiduciary.

Any subject that is initialed below constitutes the general authority I have granted to my agent(s). Any subject crossed out below constitutes the general authority I HAVE NOT granted to my agent(s).

Note: If all general authority should be granted to agents, initial line Q 'All preceding subjects are granted.'

- _____ (A) Real property or real estate authority. Inclusive of managing property.
- _____ (B) Authority over tangible personal property
- _____ (C) Stocks and bonds
- _____ (D) Safe deposit box
- _____ (E) Lending or borrowing (goods and money)
- _____ (F) Commodities and options
- _____ (G) Banks and Other Financial Institutions
- _____ (H) Operation of Entity or Business
- _____ (I) Insurance and Annuities
- _____ (J) Estates, Trusts, and Other Beneficiary Interests
- _____ (K) Claims and Litigation
- _____ (L) Personal and Family Maintenance
- _____ (M) Benefits from Governmental Programs or Civil or Military Service
- _____ (O) Retirement Plans
- _____ (P) Taxes
- _____ (Q) All proceeding subjects are granted

LIMITATION ON AGENT'S AUTHORITY

Please note that if an agent is not my spouse, descendant, or beneficiary of my estate, they do NOT have the authority to use my resources, property, or assets to benefit themselves or another person that the agent is supporting. The only time that the agent may use the aforementioned resources is if I have included that authority in the special instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

This area is available for you to add special instructions that may increase or decrease the authority of your agents. If there are no special instructions then you may leave this place blank or add the word 'NIL'.

AUTHORITY OF ATTORNEY-IN-FACT

Any individual or organization that deals with the agent appointed in this document may, with complete certainty, depend on the authority of said agent that has been granted in this power of attorney. Furthermore, no person that acts in good faith in accordance with my agent based on the authority granted herein or the representations made by my agent shall incur additional liability to me or my estate as a result of the act carried out in good faith. Furthermore, I acknowledge and confirm whatever lawful action my agent may take as a result of this instrument.

TERMINATION

The power of attorney is not affected by time or disability. Unless I state a specific end date, it will only be revoked upon my death or when I create and execute a power of attorney revocation.

NOMINATION OF GUARDIAN (OPTIONAL)

In the event that the court deems it necessary to appoint a guardian for me or my estate, these are the nominees I present for consideration of the appointment:

Guardian of estate nominee: _____
Address: _____
Telephone Number: _____

Guardian of my person nominee: _____
Address: _____
Telephone Number: _____

STATE LAW: The durable power of attorney outlined here is under the laws of the state of North Dakota.

RELIANCE ON THIS POWER OF ATTORNEY

Anyone, which includes my agent, can rely upon and be assured of the validity of this power of attorney as well as a copy of this power of attorney unless they parties know it has been revoked or otherwise been rendered invalid.

SIGNATURE AND ACKNOWLEDGMENT

Signature of Principal

Date

Name Printed

Address

Telephone Number

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

State of _____

County of _____

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 _____, 20____.

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) _____

_____ (Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's Signature

Date

Agent's Name Printed

Agent's Address

Agent's Telephone Number

We, serving as witnesses, each declare that the principal signed and executed this instrument in our presence. The principal signed it in their right state of mind, to our knowledge is eighteen years of age or older, and willingly signed without undue pressure, influence, or duress. We each sign this power of attorney as witnesses at the request of the principal while the principal is present.

Witness's Signature

Address

Witness's Signature

Address

Notary Acknowledgement

State of _____
County of _____

On _____, 20____ before me, _____ (name and title of 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 she/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 _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

Print Name _____