

## STATUTORY POWER OF ATTORNEY- SHORT FORM

**NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE DEFINED IN THE CONNECTICUT UNIFORM POWER OF ATTORNEY ACT, WHICH EXPRESSLY PERMITS THE USE OF ANY OTHER OR DIFFERENT FORM OF POWER OF ATTORNEY DESIRED BY THE PARTIES CONCERNED. THE GRANTOR OF ANY POWER OF ATTORNEY OR THE AGENT MAY MAKE APPLICATION TO A COURT OF PROBATE FOR AN ACCOUNTING AS PROVIDED IN SUBSECTION (b) OF SECTION 45a-175 OF THE CONNECTICUT GENERAL STATUTES. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.**

**KNOW ALL PEOPLE BY THESE PRESENTS, which are intended to constitute a GENERAL POWER OF ATTORNEY pursuant to the Connecticut Uniform Power of Attorney Act:**

That I, \_\_\_\_\_  
Insert Name and Address of Principal

Do hereby appoint \_\_\_\_\_  
Insert Name and Address(es) of Agent(s)

My agent(s) TO ACT \_\_\_\_\_

If more than one agent is designated and the principal wishes each agent alone to be able to exercise the power conferred, insert in this blank the word "severally". Failure to make any insertion or the insertion of the word "severally" shall require the agents to act **jointly**.

**First:** In my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in the Connecticut Uniform Power of Attorney Act to the extent that I am permitted by law to act through an agent:

[Strike out and initial in the opposite box any one or more of the subdivisions as to which the principal does NOT desire to give the agent authority. Such elimination of any one or more of subdivisions (A) to (M), inclusive, shall automatically constitute an elimination of subdivision (N).]

**To strike out any subdivision the principal must draw a line through the text of that subdivision AND write <his/her> initials in the box opposite.**

- (A) Real property; \_\_\_\_\_
- (B) Tangible personal property; \_\_\_\_\_
- (C) Stocks and bonds; \_\_\_\_\_
- (D) Commodities and options; \_\_\_\_\_
- (E) Banks and other financial institutions; \_\_\_\_\_
- (F) Operation of entity of business; \_\_\_\_\_
- (G) Insurance and annuities; \_\_\_\_\_
- (H) Estates, trusts and other beneficial interests \_\_\_\_\_
- (I) Claims and litigation; \_\_\_\_\_
- (J) Personal and family maintenance; \_\_\_\_\_
- (K) Benefits from governmental programs or civil or military service; \_\_\_\_\_
- (L) Retirement plans; \_\_\_\_\_
- (M) Taxes; \_\_\_\_\_
- (N) All other matters; \_\_\_\_\_

(Special Provisions and limitations may be included in the statutory short form power of attorney only if they conform to the requirements of the Connecticut Uniform Power of Attorney Act.)



**Second:** With full and unqualified authority to delegate any and all of the foregoing powers to any person or persons whom my agent(s) shall select;

**Third:** Hereby ratifying and confirming all that said agent(s) or substitute(s) do or cause to be done.

**Fourth: 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.

**Fifth: 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: \_\_\_\_\_

Successor Agent's Address: \_\_\_\_\_

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

Name of Second Successor Agent: \_\_\_\_\_

Second Successor Agent's Address: \_\_\_\_\_

**Sixth: EFFECTIVE DATE** This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

The execution of this statutory form power of attorney shall be duly acknowledged by the principal in the manner prescribed for the acknowledgement of a conveyance of real property.

**IN WITNESS WHEREOF**, I have hereunto signed my name and affixed my seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Principal [Seal]

\_\_\_\_\_  
Witness

STATE OF CONNECTICUT }  
  } ss:  
COUNTY \_\_\_\_\_ }

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me \_\_\_\_\_, signer of the foregoing instrument, personally appeared and acknowledged the execution of such instrument to be «his/her» free act and deed, before me, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public / Commissioner of the Superior Court

