

Maine Durable Power of Attorney (DPOA) Template

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD. THEY ARE EXPLAINED IN THE MAINE UNIFORM POWER OF ATTORNEY ACT, TITLE 18-C, ARTICLE 5. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTHCARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

1. REQUIRED NOTICES

Notice to the Principal: As the "Principal" you are using this power of attorney to grant power to another person (called the Agent) to make decisions about your property and to use your property on your behalf. Under this power of attorney you give your Agent broad and sweeping powers to sell or otherwise dispose of your property without notice to you. Under this document your Agent will continue to have these powers after you become incapacitated. The powers that you give your Agent are explained more fully in the Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-C, Article 5, Part 9. You have the right to revoke this power of attorney at any time as long as you are not incapacitated. If there is anything about this power of attorney that you do not understand, you should ask an attorney to explain it to you.

Notice to the Agent: As the "Agent" you are given power under this power of attorney to make decisions about the property belonging to the Principal and to dispose of the Principal's property on the Principal's behalf in accordance with the terms of this power of attorney. This power of attorney is valid only if the Principal is of sound mind when the Principal signs it. When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the Principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. The duties are more fully explained in the Maine Uniform Power of Attorney Act, Maine Revised Statutes, Title 18-C, Article 5, Part 9 and Title 18-B, sections 802 to 807 and Title 18-B, chapter 9. As the Agent, you are generally not entitled to use the Principal's property for your own benefit or to make gifts to yourself or others unless the power of attorney gives you such authority. If you violate your duty under this power of attorney, you may be liable for damages and may be subject to criminal prosecution. You must stop acting on behalf of the Principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events of termination are more fully explained in the Maine Uniform Power of Attorney Act and include, but are not limited to, revocation of your authority or of the power of attorney by the Principal, the death of the Principal or the commencement of divorce proceedings between you and the Principal. If there is anything about this power of attorney or your duties under it that you do not understand, you should ask an attorney to explain it to you.

2. DESIGNATION OF AGENT OR CO-AGENTS

I, _____ (“Principal”), residing at _____,
Maine, appoint the following person as my Agent:

Agent Name: _____

Agent Address: _____

Agent Phone/Email: _____

Co-Agent (Optional: *a principal may designate 2 or more persons to act as coagents; unless otherwise provided, each coagent may exercise its authority independently)*

Co-Agent Name: _____

Co-Agent Address: _____

Co-Agent Phone/Email: _____

3. EFFECTIVENESS AND TERM

☐ **Immediate Power** — This power of attorney is effective immediately.

☐ **Springing Power** — This power of attorney becomes effective:

(1) Whenever ☐ One physician ☐ Two physicians ☐ My primary care provider provides written opinion that I cannot effectively manage my property or financial affairs due to age; illness; use of prescription medications, drugs or other substances; or any other cause;

(2) If a court of competent jurisdiction declares me disabled, incompetent, or legally incapacitated; or

(3) Whenever I cannot effectively manage my property or financial affairs because I have disappeared for more than 30 days or whenever I am detained under duress, including when I have become detained, arrested, deported, or otherwise prevented from exercising control of my affairs.

☐ Other: _____

This power of attorney expires at the earliest of (1) my death (except for post-death matters allowed under Maine law); or (2) my revocation of this power of attorney.

4. NOMINATION OF SUCCESSOR AGENT (Optional)

If my Agent is unable or unwilling to act, I appoint the following as my successor Agent:

Successor Agent Name: _____

Successor Agent Address: _____

Successor Phone/Email: _____

5. DURABILITY

This power of attorney shall not be affected by my subsequent disability, incompetency, incapacity, or lapse of time.

6. GRANT OF AUTHORITY (Initial next to each power that Principal authorizes, and strike through any power that Principal does not authorize)

I grant my Agent the authority to act for me only with respect to the powers initialed below, as authorized by the Maine Uniform Power of Attorney Act, Title 18-C, Sections 5-934 through 5-946, of the Maine Revised Statutes:

☐ **Real Property** (buy, sell, lease, manage, mortgage, etc.)

☐ **Tangible Personal Property** (vehicles, equipment, valuables)

☐ **Stocks and Bonds**

☐ **Commodities and Options**

☐ **Banks and Other Financial Institutions**

☐ **Operation of Entity or Business**

☐ **Insurance and Annuities**

☐ **Estates, Trusts, and Other Beneficial Interests**

☐ **Claims and Litigation**

☐ **Personal and Family Maintenance**

☐ **Benefits from Governmental Programs or Civil or Military Service**

☐ **Retirement Plans**

☐ **Taxes**

☐ **Digital Assets** (My agent is authorized (a) to access, use, and control my digital devices, including without limitation desktops, laptops, peripherals, storage devices, mobile telephones, smart phones, and any similar device which currently exists or exists in the future as technology develops for the purpose of accessing, modifying, deleting, controlling, or transferring my digital assets; (b) to access, modify, delete, control, and transfer my digital assets, including without limitation any emails, email accounts, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, financial accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online stores, affiliate programs, other online accounts, including frequent flyer and other bonus program accounts, and similar digital items which currently exist or exist in the future as technology develops; and (c) to obtain, access, modify,

delete, and control my usernames, passwords, and other electronic credentials associated with my digital devices and digital assets. This authorization shall be construed to be my lawful consent under the Electronic Communications Privacy Act of 1986, as amended; the Computer Fraud and Abuse Act of 1986, as amended; and any other applicable federal or state law governing digital assets. I have written or may hereafter write a letter of instructions concerning my digital assets and my wishes concerning their access, handling, distribution, and disposition, and I request, but do not require, that my agent honor such instructions and wishes.)

7. SPECIAL OR RESTRICTED POWERS (*Optional*) (Initial each to authorize)

- ☐ **Create, amend, revoke or terminate an inter vivos trust**
- ☐ **Create or change rights of survivorship**
- ☐ **Create or change a beneficiary designation**
- ☐ **Delegate authority granted under this POA to another person**
- ☐ **Waive the Principal's right to be a beneficiary of a joint and survivor annuity**
- ☐ **Exercise fiduciary powers that the Principal has authority to delegate**
- ☐ **Disclaim property, including a power of appointment**
- ☐ **Gifts** (as authorized by 18-C M.R.S. § 5-947, including annual exclusion gifts under federal law, not to exceed \$ _____ per recipient per calendar year. Gifts to the Agent are ☐ authorized ☐ prohibited.)

An initial next to each power is required for that power to be granted.

8. COMPENSATION OF AGENT

- ☐ My Agent may not receive compensation aside from reimbursement of reasonable expenses.
- ☐ My Agent may receive reasonable compensation.

9. HIPAA AUTHORIZATION

- ☐ I authorize my Agent to access my medical information for purposes of determining incapacity.
- ☐ I do not grant HIPAA authority.

10. GUARDIAN/CONSERVATOR NOMINATION *(Optional)*

If a court determines a guardian or conservator is needed:

- ☐ I nominate my Agent as Guardian of my Person.
- ☐ I nominate my Agent as Conservator of my Estate.

11. REVOCATION OF PRIOR POWERS

This form revokes all prior Powers of Attorney previously granted by me as Principal except

- Powers granted by me under any Advance Health Care Directive;
- Powers granted by me on forms provided by financial institutions granting the right to write checks on, deposit funds to, and withdraw funds from accounts to which I am a signatory; and
- Powers granted access to a safe-deposit box.

Principal Signature: _____

Print Name: _____

Date: _____

NOTARY ACKNOWLEDGMENT

State of Maine

County of _____

On this ____ day of _____, 20__, personally appeared before me _____, who proved to me through satisfactory evidence of identification to be the person signing this document.

Notary Public: _____

My Commission Expires: _____