

**IDAHO STATUTORY FORM POWER OF ATTORNEY**  
(Special)

**IMPORTANT INFORMATION**

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent can make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code. This power of attorney does not authorize the agent to make health care decisions for you. You should select someone you trust to serve as your agent. The agent's authority will continue until your death unless you revoke the power of attorney or the agent resigns. Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one (1) agent. If you wish to name more than one (1) agent, you may name a coagent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions. If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent. This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

*If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.*

**DESIGNATION OF AGENT**

I, \_\_\_\_\_, name the following person as my agent:

Name of Agent: \_\_\_\_\_

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

Agent's Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

Successor Agent's Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code: **(INITIAL on the item listed as in bold print "Real Property". If you want your agent to act for you on the other items, this Power of Attorney will need to be prepared by you and/or your attorney.)**

<b>INITIAL</b>	_____	<b>Real Property</b>
	_____	Tangible Personal Property
	_____	Stocks and Bonds
	_____	Commodities and Options
	_____	Banks and Other Financial Institutions
	_____	Operation of an 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
- \_\_\_\_\_ All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

**(CAUTION):**

Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent. **(If any item is initialed this Power of Attorney may not be used by Pioneer Title Company's escrow officers unless this document was prepared by you and/or your attorney outside of escrow).**

- \_\_\_\_\_ Create, amend, revoke, or terminate an inter vivos trust
- \_\_\_\_\_ Make a gift, subject to the limitations of the uniform power of attorney act, chapter 12, title 15, Idaho Code, and any special instructions in this power of attorney
- \_\_\_\_\_ Make a gift without limitations except any special instructions in this power of attorney
- \_\_\_\_\_ Create or change rights of survivorship
- \_\_\_\_\_ Create or change a beneficiary designation
- \_\_\_\_\_ Authorize another person to exercise the authority granted under this power of attorney
- \_\_\_\_\_ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- \_\_\_\_\_ Exercise fiduciary powers that the principal has authority to delegate

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 the Special Instructions.

**SPECIAL INSTRUCTIONS**

On the following lines you may give special instructions, these instructions apply specifically to File No.

\_\_\_\_\_:

To preserve, manage, lease, exchange, sell or purchase for cash, credit or on contract, convey, encumber by mortgage or deed of trust all upon such terms and conditions as he or she sees fit, as the same pertains to that certain real property commonly known as: \_\_\_\_\_

\_\_\_\_\_ and legally described as:

\_\_\_\_\_ (city/state)

**EFFECTIVE DATE**

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

**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 is terminated or invalid.

Your Name Printed: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Number: (\_\_\_\_) \_\_\_\_\_

**SIGNATURE AND ACKNOWLEDGMENT**

Date: \_\_\_\_\_

\_\_\_\_\_ by:

State of \_\_\_\_\_, County of \_\_\_\_\_ -

On this \_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_ known or identified to me to be the person/persons whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.

\_\_\_\_\_ Residing at:

Commission Expires:

## IMPORTANT INFORMATION FOR AGENT

**(Do Not Record)**

### AGENT'S DUTIES

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. You must:

1. Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
2. Act in good faith;
3. Do nothing beyond the authority granted in this power of attorney; and
4. Disclose your identity as an agent whenever you act for the principal by signing the name of the principal and signing your own name as "agent" in the following manner:

.....**Principal's Name**.....**by**.....**Your Signature**.....**as agent**

Unless the Special Instructions in this power of attorney state otherwise, you must also:

1. Act loyally for the principal's benefit;
2. Avoid conflicts that would impair your ability to act in the principal's best interest;
3. Act with care, competence and diligence;
4. Keep a record of all receipts, disbursements, and transactions conducted for the principal;
5. Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
6. Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

### TERMINATION OF AGENT'S AUTHORITY

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 that terminate a power of attorney or your authority to act under a power of attorney include:

1. Death of the principal;
2. The principal's revocation of the power of attorney or your authority;
3. The occurrence of a termination event stated in the power of attorney;
4. The purpose of the power of attorney is fully accomplished; or
5. A legal action is filed with a court to end your marriage to the principal, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

### LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the act. If you violate the act or act outside the authority granted, you may be liable for any damages caused by your violation.

**IF THERE IS ANYTHING ABOUT THIS DOCUMENT OR YOUR DUTIES THAT YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL ADVICE.**

15-12-302. AGENT'S CERTIFICATION. The following optional form may be used by an agent to certify facts concerning a power of attorney.

