

# DURABLE 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 Probate Court for an accounting as provided in subsection (d) of section 45a-175 of the general statutes. This power of attorney does not authorize the agent to make health care decisions for you.

**Know All Persons by These Presents**, which are intended to constitute a **GENERAL POWER OF ATTORNEY** pursuant to the Connecticut Uniform Power of Attorney Act:

That I,

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(insert name and address of the principal) do hereby appoint

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(insert name and address of the agent, or each agent, if more than one is designated) 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 'jointly' 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 subparagraphs as to which the principal does NOT desire to give the agent authority. Such elimination of any one or more of subparagraphs (A) to (M), inclusive, shall automatically constitute an elimination also of subparagraph (N).)**

To strike out any subparagraph the principal must draw a line through the text of that subparagraph AND write his initials in the box opposite.

- |                                 |         |
|---------------------------------|---------|
| (A) Real property;              | (     ) |
| (B) Tangible personal property; | (     ) |
| (C) Stocks and bonds;           | (     ) |
| (D) Commodities and options;    | (     ) |

## DURABLE STATUTORY POWER OF ATTORNEY--SHORT FORM

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|--|-----|
| (E) Banks and other financial institutions;                              | ( ) |
| (F) Operation of entity or 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<br>or military service; | ( ) |
| (L) Retirement plans;  | ( ) |
| (M) Taxes;   | ( ) |
| (N) All other matters;   | ( ) |

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

**Second: LIMITATION ON AGENT'S AUTHORITY** An agent MAY NOT use my property to benefit the agent or a dependent of the agent unless I have included that authority in any special instructions below.

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

**Fourth:** With full and unqualified authority to exercise or delegate any or all of the foregoing powers granted under this power of attorney to any person or persons whom my agent(s) shall select.

### **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:

# DURABLE STATUTORY POWER OF ATTORNEY--SHORT FORM

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

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

## **Sixth:** DESIGNATION OF CONSERVATOR OF ESTATE (OPTIONAL)

If a conservator of my estate should be appointed, I designate that \_\_\_\_\_ be appointed to serve as conservator of my estate. If \_\_\_\_\_ is unable to serve or cease to serve as conservator of my estate, I designate that \_\_\_\_\_ be appointed to serve as conservator of my estate. I direct that bond for the conservator of my estate, including any sureties thereon (be required or not be required.)

**Seventh:** EFFECTIVE DATE: This power of attorney is effective immediately unless I have stated otherwise in the special instructions. The execution of this statutory short form power of attorney shall be duly acknowledged by the principal in the manner prescribed for the acknowledgment of a conveyance of real property.

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

\_\_\_\_\_  
(Signature of Principal) (Seal)

\_\_\_\_\_  
Print Below

Witness Sign on line

\_\_\_\_\_  
Print Below

Witness Sign on line

STATE OF CONNECTICUT

COUNTY OF \_\_\_\_\_ } ss: \_\_\_\_\_

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

Commissioner of the Superior Court/Notary Public

\_\_\_\_\_  
My commission expires:

\_\_\_\_\_