

# MARYLAND DURABLE POWER OF ATTORNEY

I, \_\_\_\_\_ (Name of Principal) of \_\_\_\_\_ (Address of Principal) (**"Principal"**), hereby appoint \_\_\_\_\_ (Name of Agent), of \_\_\_\_\_ (Address of Agent) (**"Agent"**), as my agent (attorney-in-fact) to act as indicated below 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, to the full extent that I am permitted by law to act through an agent to the following initialed subjects:

\_\_\_\_\_(A) **Real Property.** Full power, right, and authority to sell, purchase, convey, lease, rent, exchange, mortgage, and otherwise deal in and with any and all real property, the same as if said agent were the absolute owner, purchaser, or lessee thereof as the case may be, and the authority to sign and deliver any and all deeds, conveyances and other instruments in furtherance thereof; and to make, amend, alter or revoke agreements involving said properties.

\_\_\_\_\_(B) **Tangible and Personal Property.** The agent is authorized to: buy and sell, lease, exchange, collect, possess and take title to all tangible personal property; move, store, ship, restore, maintain, repair, improve, manage, preserve, insure and safekeep tangible personal property; and, in general, exercise all powers with respect to tangible personal property which the principal could if present and under no disability.

\_\_\_\_\_(C) **Stock and Bonds.** Acquire, exchange, buy or sell stocks or bonds, or any interest therein, on such terms and conditions as my agent shall deem proper. Execute and deliver, in my' name and on my behalf, conveyances of said stock or bonds.

\_\_\_\_\_(D) **Commodity and Options.** Acquire, exchange, buy or sell commodities or options, or any interest therein, on such terms and



conditions as my agent shall deem proper. Execute and deliver, in my' name and on my behalf, conveyances of said commodities or options.

\_\_\_\_\_(E) **Banking.** To make, receive and endorse checks and drafts, deposit and withdraw funds, acquire and redeem certificates of deposit, open, close and otherwise deal with accounts and do all things herein enumerated in banks, savings and loan associations. To borrow money in principal's name; to make, issue and endorse any promissory note in the name of principal, and to renew the same from time to time; to deliver, pledge and pawn the same; and to waive and renounce any prescription accrued on same.

\_\_\_\_\_(F) **Business Operations.** To purchase, acquire, conduct, continue or participate in any business for me and in my name, including general or limited partnerships, joint ventures, limited liability companies, or corporations.

\_\_\_\_\_(G) **Insurance.** To insure my life or the life of anyone in whom I have an insurable interest; to continue my life insurance policies now or hereafter owned by me on either my life or the lives of others; to pay all insurance premiums; to select any options under such policies; to increase coverage under any such policy; to borrow against any such policy; to pursue all insurance claims on my behalf; to purchase and maintain and pay all premiums for medical insurance covering me and any person I am obligated or may have assumed the obligation to support; to carry insurance of such kind and in such amounts as my agent shall deem appropriate to protect my assets against any hazard and to protect me from any liability; to pay the premiums therefor; to pursue claims thereunder

\_\_\_\_\_(H) **Estate, Trust, and other Beneficiary transactions.** The agent is authorized to: accept, receipt for, exercise, release, reject, renounce, assign, disclaim, demand, sue for, claim and recover any legacy, bequest, devise, gift or other property interest or payment due or payable to or for the principal; assert any interest in and exercise any power over any trust, estate or



property subject to fiduciary control; establish a revocable trust solely for the benefit of the principal that terminates at the death of the principal and is then distributable to the legal representative of the estate of the principal; and, in general, exercise all powers with respect to estates and trusts which the principal could if present and under no disability; provided, however, that the agent may not make or change a will and may not revoke or amend a trust revocable or amendable by the principal or require the trustee of any trust for the benefit of the principal to pay income or principal to the agent unless specific authority to that end is given, and specific reference to the trust is made, in the statutory property power form.

\_\_\_\_\_(I) **Claims and Litigation.** To demand; sue for, collect, recover and receive all goods, claims, debts, monies, interest and demands whatsoever now due, or hereafter due, or belonging to me (including the right to institute any action, suit or legal proceedings, for the recovery of any lands, buildings, tenements, or other structures, to the possession whereof I may be entitled), and to make, execute and deliver receipts, releases, or other discharges therefor, under seal, or otherwise;

\_\_\_\_\_(J) **Personal and Family Maintenance.** To make payments for the daily living expenses, support, medical care, and tuition of my spouse and dependents

\_\_\_\_\_(K) **Retirement Plan and Benefits.** To apply for and receive any government, insurance and retirement benefits to which I may be entitled, including the right to act as my representative the Social Security Administration, and to exercise any right to elect benefits or payment options; to terminate, to change beneficiaries or ownership, to assign borrow or receive cash value in return for the surrender of any or all rights I may have in plans or benefits, or in any retirement, profit-sharing and employee welfare plans and benefits; and or waive consent in connection with designation of beneficiaries and election or waiver of joint and survivor under any employee benefit plan.



\_\_\_\_\_(L) **Gifts.** To make and effect gifts as my agent deems proper either outright or in custodianship (including gifts to my agent) and including charitable gifts and pledges all in the sole discretion of my agent.

\_\_\_\_\_(M) **Tax Matters.** Execute on my behalf any tax return and act for me in any examination, audit, hearing, conferences, or litigation relating to taxes, including the authority to file and prosecute refund claims and enter into any settlements.

\_\_\_\_\_(N) **Safety Deposit Boxes.** To access any safety deposit boxes or vaults which I have access to, including the right to remove or place any items therein.

\_\_\_\_\_(O) **Hiring Service Providers.** To hire service providers such as attorneys, accountants, and others, including their appointment, removal, and compensation as the agent deems fit.

### **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.)**

\_\_\_\_\_ Create an inter vivos trust, or amend, revoke, or terminate an existing inter vivos trust if the trust expressly authorizes that action by the agent

\_\_\_\_\_ Make a gift, subject to any special instructions in this power of attorney

\_\_\_\_\_ Create or change rights of survivorship

\_\_\_\_\_ Create or change a beneficiary designation, subject to any special instructions in this power of attorney; and, if I wish to authorize my agent to



designate the agent, the agent's spouse, or a dependent of the agent as a beneficiary, I will explicitly state this authority within the special instructions of this power of attorney or in a separate power of attorney

\_\_\_\_\_ 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

\_\_\_\_\_ Disclaim or refuse an interest in property, including a power of appointment

\_\_\_\_\_ In accordance with the Maryland Fiduciary Access to Digital Assets Act, access and take control of (1) the content of any of my electronic communications, (2) any catalogue of electronic communications sent or received by me, and (3) any other digital asset in which I have a right or interest

**1. Effective Date.** UNLESS YOU DIRECTED OTHERWISE BELOW IN THIS SECTION, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

SPECIAL INSTRUCTIONS: ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO \_\_\_\_\_ YOUR \_\_\_\_\_ AGENT.

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2. **Durability.** This durable power of attorney shall not be affected by my subsequent disability or incompetence.

3. **Successor Agent.** If every agent named above is unable or unwilling to serve, I appoint no one to be my agent for all purposes hereunder.

4. **Indemnity.** TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

I also indemnify my agent for any acts in relation to this power of attorney that were done in good faith.

5. **Reimbursement.** My agent shall be reimbursed for all reasonable expenses and may charge a reasonable fee for services in relation to this Agreement.

6. **Applicable Law.** This Durable Power of Attorney shall be interpreted and governed in accordance with the laws of the State of Maryland. All claims, actions, or disputes in connection with or arising from this agreement shall be commenced in the State of Maryland, to the exclusion of all other States.

7. **Termination.** This Agreement shall remain in effect unless written termination is communicated to the agent appointed herein.



8. **Photocopies.** All photocopies of this Agreement shall have the same force and effect as any original.

9. **Limitations.** 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.

### **Notice to Person Executing Durable Power of Attorney**

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). You need not give to your agent all the authorities listed below and may give the agent only those limited powers that you specifically indicate. This power of attorney gives your agent the right to make limited decisions for you. You should very carefully weigh your decision as to what powers you give your agent. Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself.

If you choose to make a grant of limited authority, you should check the boxes that identify the specific authorization you choose to give your agent.

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. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is not entitled to compensation unless you indicate otherwise in the special instructions of this power of attorney. If you indicate that your agent is to receive compensation, your agent is entitled to reasonable compensation or compensation as specified in the Special Instructions.



This form provides for designation of one agent. If you wish to name more than one agent you may name a coagent in the Special Instructions. Coagents are required to act together unanimously unless you specify otherwise in the Special Instructions.

If your agent is unavailable 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.

IN WITNESS WHEREOF, I have duly executed this durable power of attorney, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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**Principal's Signature**

## **WITNESS ATTESTATION**

The foregoing power of attorney was, on the date written above, published and declared by

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(Name of Principal)

in our presence to be his/her power of attorney. We, in his/her presence and at his/her request, and in the presence of each other, have attested to the same and have signed our names as attesting witnesses.

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**Witness #1 Signature**

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**Witness #1 Name Printed**

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**Witness #1 Address**

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**Witness #1 Telephone Number**

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**Witness #2 Signature**

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**Witness #2 Name Printed**

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**Witness #2 Address**

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**Witness #2 Telephone Number**

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

State of Maryland

County of \_\_\_\_\_



On \_\_\_\_\_ before me,  
\_\_\_\_\_, 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 he/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 Maryland  
that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

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

### **Notice to Person Accepting the Appointment as Attorney-in-Fact**

By acting or agreeing to act as the agent (attorney-in-fact) under this power  
of attorney you assume the fiduciary and other legal responsibilities of an  
agent. These responsibilities include:

1. The legal duty to act solely in the interest of the principal and to avoid  
conflicts of interest.
2. The legal duty to keep the principal's property separate and distinct from  
any other property owned or controlled by you.

You may not transfer the principal's property to yourself without full and  
adequate consideration or accept a gift of the principal's property unless this  
power of attorney specifically authorizes you to transfer property to yourself  
or accept a gift of the principal's property. If you transfer the principal's  
property to yourself without specific authorization in the power of attorney,



you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse. In addition to criminal prosecution, you may also be sued in civil court.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney.

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**Attorney in Fact's Signature**

## **CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

State of Maryland

County of \_\_\_\_\_

On \_\_\_\_\_ before \_\_\_\_\_ me,  
\_\_\_\_\_, 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 he/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 Maryland that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature \_\_\_\_\_ (Seal)

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

