

Montana Statutory Form Power of Attorney

IMPORTANT INFORMATION FOR AGENT

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 writing or printing 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 made on behalf of 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) if you are married to the principal, a legal action is filed with a court to end your marriage, 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 Uniform Power of Attorney Act, Title 72, chapter 31, part 3. If you violate the Uniform Power of Attorney Act, Title 72, chapter 31, part 3, 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.

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AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of Montana

County of: _____

I _____ (Name of Agent) certify under penalty of perjury that _____ (Name of Principal) granted my authority as an agent or successor agent in a power of attorney dated _____

I further certify that to my knowledge:

- (1) the principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;
- (2) if the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (3) if I was named as a successor agent, the prior agent is no longer able or willing to serve; and
- (4) _____

(Insert Other Relevant Statements)

SIGNATURE AND ACKNOWLEDGEMENT

Agent's Signature

Date

Agent's Name Printed

Agent's Address

Agent's Telephone Number

State of Montana

County of _____

Signed and sworn to (or affirmed) before me on _____

by _____

Print name(s) of person(s) making statement

Notary Signature

[Montana notaries must complete the following, if not part of stamp.]

Printed Name

Notary Public for the State of Montana

Residing at _____

My Commission expires: _____, 20____

Affix seal/stamp as close to signature as possible.

DISCLAIMER:

This document has been prepared from the Montana Uniform Power of Attorney Act that was passed by the 2011 Legislature. It is for general information purposes only. The information provided is not legal advice. Legal advice is dependent upon the specific circumstances of each situation. Future changes in the Uniform Power of Attorney Act cannot be predicted. The form is based-solely upon those laws in force on October 2011.