

NEW MEXICO STATUTORY FORM DURABLE POWER OF ATTORNEY

STATUTORY POWER OF ATTORNEY

Section 45-5B-301. STATUTORY FORM POWER OF ATTORNEY. A document substantially in the following form may be used to create a statutory form power of attorney that has the meaning and effect prescribed by the Uniform Power of Attorney Act:

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act for you 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.

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 power 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 entitled to reasonable compensation unless you state otherwise 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 co-agent 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, _____,
(Your Name)

name the following person as my agent:

Name of Agent: _____

Agent's Address: _____

Agent's Telephone 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 Telephone Number: _____

If my successor agent is unable or unwilling to act for me, I name as my
successor agent:

Name of Second Successor Agent: _____

Second Successor Agent's Address: _____

Second Successor Agent's Telephone 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.

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all the subjects, you may initial "All Preceding Subjects" instead of initialing each subject.)

- real property
- tangible personal property
- 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
- 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.)

- Create, amend, revoke or terminate an inter vivos trust
- Make a gift, subject to the limitation of Section 217 of the Uniform Power of Attorney Act and 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 surviving 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

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 in the Special Instructions.

SPECIAL INSTRUCTIONS:

You may give special instructions on the following lines:

EFFECTIVE DATE

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

NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a conservator or guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for conservator of my estate:

Nominee's address: _____

Nominee's telephone number: _____

Name of Nominee for guardian of my person: _____

Nominee's address: _____

Nominee's telephone number: _____

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 has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Your signature: _____

Date: _____

Your name printed: _____

Your address: _____

Your telephone number: _____

State of _____

County of _____

This instrument was acknowledge before me on _____

(date) by _____ (Name of principal)

(Seal) if any

Signature of notary: _____

My commission expires: _____

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

State of New Mexico

County of _____

I, _____ (Name of Agent), certify under penalty of perjury that _____ (Name of Principal) granted me 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 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 not longer able or willing to serve; and

(4)

(Insert other relevant statements)

ACKNOWLEDGEMENT

NOTICE: IF THIS POWER OF ATTORNEY AFFECTS REAL ESTATE, IT MUST BE RECORDED IN THE OFFICE OF THE COUNTY CLERK IN EACH COUNTY WHERE THE REAL ESTATE IS LOCATED.

STATE OF NEW MEXICO)
) ss.
COUNTY OF DOÑA ANA)

The foregoing instrument was acknowledged before me on _____,
by _____.

(seal)

Notary Public

My commission expires:

BY ACCEPTING OR ACTING UNDER THE POWER OF ATTORNEY, YOUR AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT ACTING ON YOUR BEHALF AND

THIS AFFIDAVIT IS FOR THE USE OF YOUR ATTORNEY(S)-IN FACT IF EVER YOUR ATTORNEY(S)-IN-FACT ACTS ON YOUR BEHALF UNDER YOUR WRITTEN POWER OF ATTORNEY.

AFFIDAVIT AS TO POWER OF ATTORNEY BEING IN FULL FORCE

STATE OF NEW MEXICO)
) ss.
COUNTY OF _____)

I, _____ being duly sworn, state:

1. _____ ("Principal") of _____ County, New Mexico, signed a written Power of Attorney on _____, appointing the undersigned as his/her attorney(s)-in-fact. (A true copy of the power of attorney is attached hereto and incorporated herein.)

2. As attorney(s)-in-fact and under and by virtue of the Power of Attorney, I/we have this date executed the following described instrument: _____.

3. At the time of executing the above described instrument I/we had no actual knowledge or actual notice of revocation or termination of the Power of Attorney by death or otherwise, or notice of any facts indicating the same.

4. I represent that the principal is now alive; has not, at any time, revoked or repudiated the power of attorney; and the power of attorney still is in full force and effect.

5. I/we make this affidavit for the purpose of inducing _____ to accept delivery of the above described instrument, as executed by me/us in my/our capacity of attorney(s)-in-fact for the Principal.

_____, Attorney-in-fact

Sworn to before me _____ this _____ day
of _____.

Notary Public

My commission expires:

_____.

B. A statutory power of attorney is legally sufficient under the Uniform Statutory Form Power of Attorney Act, if the wording of the form complies substantially with Subsection A of this section, the form is properly completed, and the signature of the principal is acknowledged in any form permitted by law.

C. If the line in front of line 17 of the form under Subsection A of this section is initialed, an initial on the line in front of any other power does not limit the powers granted by line 17.

D. By accepting or acting under a power of attorney, statutory or otherwise, an attorney-in-fact assumes fiduciary and other legal responsibilities of an agent acting for the principal.