

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, _____ of _____, in the County of _____ and State of _____, have made constituted and appointed, and by these presents do make, constitute and appoint _____ of _____, County of _____ and Sate of Vermont, my true lawful attorney, for me and in my name, place and stead for the sale of lands and premises having an address of or identified as _____, _____, Vermont, doing any and all actions that I might do if personally present including, but not limited to the execution, modification and delivery of contracts, Warranty Deeds, Vermont Property Transfer Tax Return, tax returns, tax reports, affidavits, Bill of Sale, Vermont Land Gains Tax Return, Vermont Real Estate Withholding Tax Return, Applications for Reduced Withholding, closing statements, notices, certificates and all other documents; the acceptance of the closing funds and the deposit of those funds in my account identified to the Agent, which my Agent shall deem necessary, appropriate or expedient for the purpose of closing the sale of the real estate described in this Power of Attorney and any and all other instruments, agreements and or other necessary and appropriate documents in the sale of all or any part of the real estate located at _____, in _____, County of _____ and State of Vermont.

This property is more specifically described as follows:

Reference is hereby made to the aforementioned deeds and their records and to the deeds and the records therein contained in further aid of this description.

hereby giving and granting to my said attorney, _____, full power and authority to do and perform those acts and things herein specified to sell said property, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and

revocation hereby ratifying and confirming all that my said attorney or his substitute, shall lawfully do or cause to be done by virtue thereof.

Pursuant to 14 V.S.A. §3504, the authority of our said attorney is limited to the express terms of this Power of Attorney.

This Power of Attorney shall not be affected or impaired by any physical or mental disability which may hereafter afflict the said _____.

This Power of Attorney shall become effective as of the date of its execution and shall expire ninety (90) days after the execution of said Power of Attorney.

IN WITNESS WHEREOF, I hereunto set our hands at _____, _____, this _____ day of _____, 202____.

IN THE PRESENCE OF:

Witness

AFFIRMATION OF WITNESS

I, _____, witnessed the signature of this Power of Attorney by _____ and I affirm that _____ appeared to me to be of sound mind, was not under duress, and _____ affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

WITNESS

Print Name: _____

STATE OF _____
COUNTY OF _____, SS.

At _____, in said County and State, personally appeared _____, the Principal, who is known to me or was otherwise suitably identified, did acknowledge to me that the execution of this Power of Attorney was his/her free act and deed.

Notary Public
Print Name: _____
My Commission Expires: _____

ACCEPTANCE BY AGENT

The undersigned, _____, Agent, executes this Power of Attorney, and by such execution does hereby affirm that the Agent: (A) accepts the appointment as agent; (B) understands the duties under the Power of Attorney and under the law; (C) understands that Agent has a duty to act if expressly required to do so in the power of attorney consistent with 14 V.S. A. §3506(c); (D) understands that I am expected to use my special skills or expertise on behalf of the Principal, if so specified in the Power of Attorney; and (E) acknowledges the additional duties of the Agent set forth in 14 V.S. A. 3505.

AGENT

Date: _____