

## INSTRUCTIONS TO CUSTODIAN FOR HOLDING POWER OF ATTORNEY

PRINCIPAL (Name, Address, Zip Code):	CUSTODIAN (Name, Address, Zip Code):
--------------------------------------	--------------------------------------

**THE DOCUMENTS HELD BY CUSTODIAN INCLUDE:**

- General Power of Attorney, dated \_\_\_\_\_, \_\_\_\_\_ .
  - Special Power of Attorney, dated \_\_\_\_\_, \_\_\_\_\_ .
  - Health-Care Power of Attorney, dated \_\_\_\_\_, \_\_\_\_\_ .
- (year)

Custodian is instructed not to release the above Power(s) of Attorney to the Attorney-in-Fact until:

1. Custodian receives opinion from the Principal's physician that the Principal is incapacitated and unable to act for himself/herself, or
2. Custodian receives notice from the Principal instructing Custodian to release the Power(s) of Attorney, or
3. Custodian receives an Affidavit signed by the Attorney-in-Fact **and** two individuals close to the family affirming (1) that the Principal is missing and has been missing for more than 30 days, (2) that these affiants are uncertain that the Principal is dead or alive, and (3) the factual circumstances surrounding the disappearance would reasonably allow Custodian to conclude Principal can no longer act on his or her own behalf.
4. Other restrictions on holding or releasing the Powers of Attorney are as follows:

Signed under seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year) .

Principal	Custodian
STATE OF COUNTY OF	STATE OF COUNTY OF
Date of this Acknowledgement	Date of this Acknowledgement