INDIANA DURABLE POWER OF ATTORNEY

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 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 is meant for appointing an agent to handle financial activities only. It **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 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 coagent in the Special Instructions. Coagents 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.

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.

1. EFFECTIVE DATE (INITIAL when this power of attorney goes into effect)

_____ - **Immediately**. This power of attorney shall become effective immediately upon its execution and shall remain in effect indefinitely, unless specified otherwise herein.

_____ - **Upon Disability** (springing). This power of attorney shall become effective immediately upon my disability as defined under State law.

2. DESIGNATION OF AGENT

I, _____, name the following person as my agent:

Name of Agent: _____
Agent's Address: _____
Agent's Phone: _____

3. 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 Phone: _____

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

Name of 2nd Successor Agent: _____
2nd Successor Agent's Address: _____
2nd Successor Agent's Phone: _____

4. 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 of 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
_____ - Estate, 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

5. 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 limitations 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 survivor annuity, including a survivor benefit under a retirement plan.
_____ - Exercise fiduciary powers that the principal has authority to delegate.
_____ - Access the content of electronic communications.
_____ - Disclaim or refuse an interest in property, including a power of appointment.

6. 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.

7. SPECIAL INSTRUCTIONS

You may give special instructions on the following lines:

8. NOMINATION OF [CONSERVATOR OR GUARDIAN] (OPTIONAL)

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

Nominee for Conservator or Guardian of my Estate

Name: _____
Address: _____
Phone: _____

Guardian of my Person

Name: _____
Address: _____
Phone: _____

9. 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.

10. NOT AFFECTED BY INCAPACITY

This document **shall not** be affected by my subsequent incapacity. This language shall satisfy any State-required language that allows a power of attorney document to remain in place even if I can no longer manage my property or business affairs.

11. GOVERNING LAW

This power of attorney shall be governed under the laws located in the State of Indiana.

12. SIGNATURE AND ACKNOWLEDGMENT

Principal's Signature: _____ Date: _____
Print Name: _____
Address: _____
Phone: _____

WITNESS ATTESTATION

We, the witnesses, attesting to be of legal age and sound mind, acknowledge to have witnessed the principal sign this power of attorney document on the date mentioned hereunder. We affirm that the principal appeared to understand the nature of the document and was free from any duress or undue influence at the time of signing.

As witnesses, we acknowledge not to be related by blood, marriage, or adoption. We are not entitled to any portion of the principal's estate under a will or codicil currently existing or by operation of law as it now exists. In addition, neither of us is appointed as the Agent in this power of attorney.

1st Witness Signature: _____ Date: _____
Print Name: _____
Address: _____
Phone: _____

2nd Witness Signature: _____ Date: _____
Print Name: _____
Address: _____
Phone: _____

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
County of _____

This document was acknowledged before me on _____, 20____, by the principal of this document known as _____.

Notary Signature _____

Commission Expires on _____, 20____

This document was prepared by:

Print Name: _____
Address: _____
Phone: _____

IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority 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:

- 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;
- Act in good faith;
- Do nothing beyond the authority granted in this power of attorney; and
- 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:

- Act loyally for the principal's benefit;
- Avoid conflicts that would impair your ability to act in the principal's best interest;
- Act with care, competence, and diligence;
- Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- 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
- 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:

- Death of the principal;
- The principal's revocation of the power of attorney or your authority;
- The occurrence of a termination event stated in the power of attorney;
- The purpose of the power of attorney is accomplished; or

- 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 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. If you violate the Uniform Power of Attorney Act, or act outside the authority granted, you may be liable for any damages by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.