

INDIANA DURABLE POWER OF ATTORNEY

On the ___ day of _____, 20___ I, _____, the principal, of _____, State of _____, hereby designate _____, of _____, State of _____, my attorney-in-fact (hereinafter my "attorney-in-fact"), to act as initialed below, in my name, in my stead and for my benefit, hereby revoking any and all financial powers of attorney I may have executed in the past.

EFFECTIVE DATE

(Choose the applicable paragraph by placing your initials in the preceding space)

_____ - A. I grant my attorney-in-fact the powers set forth herein immediately upon the execution of this document. These powers shall not be affected by any subsequent disability or incapacity I may experience in the future.

or

_____ - B. I grant my attorney-in-fact the powers set forth herein only when it has been determined in writing, by my attending physician, that I am unable to properly handle my financial affairs.

POWERS OF ATTORNEY-IN-FACT

My attorney-in-fact shall exercise powers in my best interests and for my welfare, as a fiduciary. My attorney-in-fact shall have the following powers:

(Choose the applicable power(s) by placing your initials in the preceding space)

_____ - Incorporation of powers; references; similar or overlapping powers; modification as referenced in § 30-5-5-1 of the Indiana Code.

_____ - Real property transactions as referenced in § 30-5-5-2 of the Indiana Code.

_____ - Tangible personal property transactions as referenced in § 30-5-5-3 of the Indiana Code.

_____ - Bond, share, and commodity transactions as referenced in § 30-5-5-4 of the Indiana Code.

_____ - Retirement plans as referenced in § 30-5-5-4.5 of the Indiana Code.

_____ - Banking transactions as referenced in § 30-5-5-5 of the Indiana Code.

- _____ - Business operating transactions as referenced in § 30-5-5-6 of the Indiana Code.
- _____ - Insurance transactions as referenced in § 30-5-5-7 of the Indiana Code.
- _____ - Transfer on death transfers as referenced in § 30-5-5-7.5 of the Indiana Code.
- _____ - Beneficiary transactions as referenced in § 30-5-5-8 of the Indiana Code.
- _____ - Gift transactions as referenced in § 30-5-5-9 of the Indiana Code.
- _____ - Fiduciary transactions as referenced in § 30-5-5-10 of the Indiana Code.
- _____ - Claims and litigation as referenced in § 30-5-5-11 of the Indiana Code.
- _____ - Family maintenance as referenced in § 30-5-5-12 of the Indiana Code.
- _____ - Benefits from military service as referenced in § 30-5-5-13 of the Indiana Code.
- _____ - Records, reports, and statements as referenced in § 30-5-5-14 of the Indiana Code.
- _____ - Powers of attorney in fact under language conferring general authority with respect to electronic records, reports, and statements as referenced in § 30-5-5-14.5 of the Indiana Code.
- _____ - Estate transactions as referenced in § 30-5-5-15 of the Indiana Code.
- _____ - Health care powers; religious tenets; funeral planning declaration as referenced in § 30-5-5-16 of the Indiana Code.
- _____ - Consent to or refusal of health care as referenced in § 30-5-5-17 of the Indiana Code.
- _____ - Delegation of authority as referenced in § 30-5-5-18 of the Indiana Code.
- _____ - All other matters as referenced in § 30-5-5-19 of the Indiana Code.

SPECIAL INSTRUCTIONS: On the following lines are any special instructions limiting or extending the powers I give to my attorney-in-fact (Write "None" if no additional instructions are given):

AUTHORITY OF ATTORNEY-IN-FACT: Any party dealing with my attorney-in-fact hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my attorney-in-fact as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my attorney-in-fact or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my attorney-in-fact shall lawfully do under this instrument. My attorney-in-fact is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.

LIABILITY OF ATTORNEY-IN-FACT: My attorney-in-fact shall not incur any liability to me under this power except for a breach of fiduciary duty.

REIMBURSEMENT OF ATTORNEY-IN-FACT: My attorney-in-fact is entitled to reimbursement for reasonable expenses incurred in exercising powers hereunder, and to reasonable compensation for services provided as attorney-in-fact.

AMENDMENT AND REVOCATION: I can amend or revoke this power of attorney through a writing delivered to my attorney-in-fact. Any amendment or revocation is ineffective as to a third party until such third party has notice of such revocation or amendment.

STATE LAW: This Power of Attorney is governed by the laws of the State of Indiana.

PHOTOCOPIES: Photocopies of this document can be relied upon as though they were originals.

IN WITNESS WHEREOF, I have on this ____ day of _____, 20____, executed this Financial Power of Attorney.

Principal's Signature

NOTICE: THE PRINCIPAL'S SIGNATURE MUST EITHER BE SIGNED WITH TWO (2) WITNESSES PRESENT OR ACKNOWLEDGED BY A NOTARY PUBLIC.

We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument in the presence of each of us, that the principal signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the principal and in the principal's presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness's Signature

Address



Witness's Signature

Address

STATE OF _____

_____ County, ss.

On this ____ day of _____, 20____, before me appeared _____, as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Notary Public

My commission expires: _____

SPECIMEN SIGNATURE AND ACCEPTANCE OF APPOINTMENT

I, _____, the attorney-in-fact named above, hereby accept appointment as attorney-in-fact in accordance with the foregoing instrument.

Attorney-in-Fact's Signature

STATE OF _____

_____ County, ss.

On this ____ day of _____, 20____, before me appeared _____, as Attorney-in-Fact of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed the foregoing acceptance of appointment and acknowledged that (s)he executed the same as his/her free act and deed.

Notary Public

My commission expires: _____

