

# 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):

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**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**

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: \_\_\_\_\_

