INDIANA LIMITED POWER OF ATTORNEY

# I, [NAME OF PRINCIPAL], whose address is [PRINCIPAL'S STREET ADDRESS], hereby appoint [NAME OF ATTORNEY-IN-FACT], my true and lawful agent and attorney in fact to act in my name and behalf for the following specific acts:

[LIST SPECIFIC ACTS GRANTED TO ATTORNEY-IN-FACT]

This Limited Power of Attorney shall remain in full force and effect until revoked by either party in writing.

**IN WITNESS WHEREOF**, this [#] day of [MONTH, YEAR].

Witnesses: Witnesses’ Signatures:

[WITNESS #1'S NAME] [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

[WITNESS #2'S NAME] [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

|  |  |
| --- | --- |
| STATE OF [STATE]  County of [COUNTY]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Subscribed, sworn to and acknowledged before me by [PRINCIPAL'S NAME], the Principal, and subscribed, sworn to and acknowledged before me this [#] day of [MONTH, YEAR]. | |
| (Notary Seal) | Signature of Notary Public |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

(Notary Seal) (Signature of Notary Public)

**Pursuant to Indiana Statute Title 30 – Article 5.**