

# INDIANA DURABLE POWER OF ATTORNEY

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## IMPORTANT INFORMATION

This power of attorney authorizes another person(s) (your attorney(s)-in-fact) to make decisions concerning your property for you (the principal). Your attorney(s)-in-fact 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.

This power of attorney does not authorize the attorney(s)-in-fact to make medical and health care decisions for you.

You should select someone you trust to serve as your attorney(s)-in-fact. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the attorney(s)-in-fact resigns or is unable to act for you.

Your attorney(s)-in-fact is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for the designation of two attorney(s)-in-fact. If you wish to name more than two attorney-in-facts, you may name the additional attorney-in-facts in the Special Instructions.

If your attorney-in-fact is unable or unwilling to act for you, your power of attorney will end unless you have named a successor attorney-in-fact. You may also name a second successor attorney-in-fact.

**If you have questions about the power of attorney or the authority you are granting to your attorney-in-fact, you should seek legal advice before signing this form.**

## DESIGNATION OF ATTORNEY(S)-IN-FACT

I, \_\_\_\_\_ [Name of Principal] of \_\_\_\_\_  
[Address], name the following as my attorney(s)-in-fact (agent) to act for me and in my name and for my use and benefit:

Name of Attorney-in-fact: \_\_\_\_\_  
Attorney-in-fact's Address: \_\_\_\_\_  
Attorney-in-fact's Telephone Number: \_\_\_\_\_

(If applicable)

Name of Co-attorney-in-fact: \_\_\_\_\_  
Co-attorney-in-fact's Address: \_\_\_\_\_  
Co-attorney-in-fact's Telephone Number: \_\_\_\_\_

Attorneys-in-fact I designated above must act  jointly  separately.

(Check if applicable. Strike out if not.)

I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given



or empowering another agent to act as my true and lawful attorney in fact. I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

### DESIGNATION OF SUCCESSOR ATTORNEY(S)-IN-FACT (OPTIONAL)

If my attorney-in-fact is unable or unwilling to act for me, I name as my successor attorney-in-fact:

Name of Successor Attorney-in-fact: \_\_\_\_\_  
Successor Attorney-in-fact's Address: \_\_\_\_\_  
Successor Attorney-in-fact's Telephone Number: \_\_\_\_\_

If my successor attorney-in-fact is unable or unwilling to act for me, I name as my second successor attorney-in-fact:

Name of Second Successor Attorney-in-fact: \_\_\_\_\_  
Second Successor Attorney-in-fact's Address: \_\_\_\_\_  
Second Successor Attorney-in-fact's Telephone Number: \_\_\_\_\_

### GRANT OF GENERAL AUTHORITY

I grant my attorney(s)-in-fact and any successor attorney(s)-in-fact general authority to act for me with respect to the following subjects as defined in Title 30, Article 5, Chapter 5 of the Indiana Code:

INITIAL each subject you want to include in the attorney(s)-in-fact's general authority.

INITIAL the line in front of "(T) All Preceding Subjects" if you wish to grant general authority over all of the subjects instead of initialing each subject.

- \_\_\_\_\_ (A) Real property transactions
- \_\_\_\_\_ (B) Tangible personal property transactions
- \_\_\_\_\_ (C) Bond, share and commodity transactions
- \_\_\_\_\_ (D) Retirement plans
- \_\_\_\_\_ (E) Banking transactions
- \_\_\_\_\_ (F) Business operating transactions
- \_\_\_\_\_ (G) Insurance transactions
- \_\_\_\_\_ (H) Transfer on death transfers
- \_\_\_\_\_ (I) Beneficiary transactions
- \_\_\_\_\_ (J) Gift transactions
- \_\_\_\_\_ (K) Fiduciary transactions
- \_\_\_\_\_ (L) Claims and litigation
- \_\_\_\_\_ (M) Family maintenance
- \_\_\_\_\_ (N) Benefits from military service
- \_\_\_\_\_ (O) Records, reports and statements
- \_\_\_\_\_ (P) Powers of attorney in fact under language conferring general authority with respect to electronic records, reports and statements
- \_\_\_\_\_ (Q) Estate transactions
- \_\_\_\_\_ (R) Delegation of authority as defined in Indiana Code § 30-5-5-18
- \_\_\_\_\_ (S) All other matters as defined in Indiana Code § 30-5-5-19
- \_\_\_\_\_ (T) All Preceding Subjects

### GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My attorney(s)-in-fact 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 attorney(s)-in-fact 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 attorney(s)-in-fact.

- \_\_\_\_\_ (A) Create, fund, amend, revoke, or terminate an inter vivos trust
- \_\_\_\_\_ (B) Make a gift subject to any special instructions in this power of attorney
- \_\_\_\_\_ (C) Create or change rights of survivorship
- \_\_\_\_\_ (D) Create or change a beneficiary designation
- \_\_\_\_\_ (E) Authorize another person to exercise the authority granted under this power of attorney
- \_\_\_\_\_ (F) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- \_\_\_\_\_ (G) Exercise fiduciary powers that the principal has authority to delegate

#### LIMITATION ON ATTORNEY-IN-FACT'S AUTHORITY

An attorney-in-fact that is not my ancestor, spouse, or descendant may **not** use my property to benefit the attorney-in-fact or a person to whom the attorney-in-fact owes an obligation of support unless I have included that authority in the Special Instructions.

#### SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

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#### EFFECTIVE DATE

- This power of attorney is effective immediately.
- This power of attorney is effective upon the incapacity of the principal.
- This power of attorney is effective on \_\_\_\_\_, 20\_\_\_\_\_.
- This power of attorney is effective upon the occurrence of the following future event or contingency:  
\_\_\_\_\_.

#### TERMINATION

This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.

#### NOMINATION OF GUARDIAN (OPTIONAL)

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

Name of Nominee for guardian of my estate: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_



Nominee's Telephone Number: \_\_\_\_\_

Name of Nominee for guardian of my person: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

Nominee's Telephone Number: \_\_\_\_\_

### RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my attorney-in-fact, 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.

### SIGNATURE

We, the undersigned principal and the undersigned witnesses, respectively, whose names are signed to the attached or foregoing instrument declare that:

- (1) the principal executed the instrument as the principal's power of attorney;
- (2) in the presence of both witnesses, the principal signed or acknowledged the signature already made or directed another to sign for the principal in the principal's presence;
- (3) the principal executed the power of attorney as a free and voluntary act for the purposes expressed in it;
- (4) each of the witnesses, in the presence of the principal and of each other, signed the power of attorney as a witness;
- (5) the principal was of sound mind when the power of attorney was executed; and
- (6) to the best knowledge of each witness, the principal was, at the time the power of attorney was executed, at least eighteen (18) years of age or was a member of the armed forces or the merchant marine of the United States or its allies.

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicable)

by:

Representative's Name Printed: \_\_\_\_\_

Representative's Signature \_\_\_\_\_

signing on behalf of:

Principal Name Printed:

\_\_\_\_\_  
Principal Address:

\_\_\_\_\_  
Principal Telephone Number:

\_\_\_\_\_



Witness Signature \_\_\_\_\_ Witness Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Witness Name \_\_\_\_\_

**NOTARY PUBLIC**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, personally appeared \_\_\_\_\_ [Name of Principal/Representative], personally known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same and that by his/her signature on this instrument the person executed this instrument.

\_\_\_\_\_  
Signature of Notary (Seal, if any)

My commission expires: \_\_\_\_\_

**IMPORTANT INFORMATION FOR ATTORNEY(S)-IN-FACT**

**Attorney-in-Fact's Duties**

When you accept the authority granted 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:

- (1) 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;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an attorney(s)-in-fact whenever you act for the principal by writing or printing the name of the principal and signing your own name as "attorney(s)-in-fact" in the following manner:

\_\_\_\_\_ (Principal's Name) by \_\_\_\_\_ (Your Signature) as Attorney(s)-in-fact

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) 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 Attorney-in-fact'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:

- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) 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 the Special Instructions in this power of attorney state that such an action will not terminate your authority.

### Liability of Attorney(s)-in-fact

The meaning of the authority granted to you is defined in Article 5, Title 30 of the Indiana Code. If you violate Article 5, Title 30 of the Indiana Code, or act outside the authority granted, you may be liable for any damages caused by your violation.

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

### ATTORNEY(S)-IN-FACT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND ATTORNEY(S)-IN-FACT'S AUTHORITY

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ [Name of Attorney-in-fact], certify under penalty of perjury that \_\_\_\_\_ [Name of Principal] granted me authority as an attorney-in-fact or successor attorney-in-fact in a power of attorney dated \_\_\_\_\_.

I, further certify that to my knowledge:

- (1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;
- (2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (3) If I was named as a successor attorney-in-fact, the prior attorney-in-fact is no longer able or willing to serve; and
- (4) \_\_\_\_\_

\_\_\_\_\_ [Insert other relevant statements]

(If applicable)

State of \_\_\_\_\_



County of \_\_\_\_\_

I, \_\_\_\_\_, [Name of Co-attorney-in-fact], certify under penalty of perjury that \_\_\_\_\_ [Name of Principal] granted me authority as an attorney-in-fact or successor attorney-in-fact in a power of attorney dated \_\_\_\_\_.

I, further certify that to my knowledge:

(1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor attorney-in-fact, the prior attorney-in-fact is no longer able or willing to serve; and

(4) \_\_\_\_\_ [Insert other relevant statements]

#### **SIGNATURE AND ACKNOWLEDGMENT OF ATTORNEY(S)-IN-FACT**

Attorney-in-fact's Signature \_\_\_\_\_ Date \_\_\_\_\_

Attorney-in-fact's Name Printed: \_\_\_\_\_

Attorney-in-fact's Address: \_\_\_\_\_

Attorney-in-fact's Telephone Number: \_\_\_\_\_

(If applicable)

Co-attorney-in-fact Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-attorney-in-fact's Name Printed: \_\_\_\_\_

Co-attorney-in-fact Address: \_\_\_\_\_

Co-attorney-in-fact Telephone Number: \_\_\_\_\_

#### **NOTARY PUBLIC**

State of \_\_\_\_\_

County of \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_ [Name of Attorney-in-fact].

Signature of Notary \_\_\_\_\_

(Seal, if any)



My commission expires: \_\_\_\_\_

(If applicable)

State of \_\_\_\_\_

County of \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_, by  
\_\_\_\_\_ [Name of Co-attorney-in-fact].

Signature of Notary \_\_\_\_\_

(Seal, if any)

My commission expires: \_\_\_\_\_

