

State of Indiana

INDIANA LIMITED (SPECIAL) POWER OF ATTORNEY

IMPORTANT INFORMATION

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

You should select someone you trust to serve as your attorney-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-in-fact resigns or is unable to act for you.

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

This form provides for the designation of two attorneys-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 I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.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 SPECIFIC AUTHORITY

I, _____ [Name of Principal], grant _____
[Name of Attorney(s)-in-fact] specific authority to act for me and in my name, in any way which I could do if present.

My agent(s) has the authority to act on my behalf for the following:

This authority is confined strictly to the acts specified here and does not extend to any other acts. It will be valid for the period stated in the Effective Date section, unless I have stated otherwise in a subsequent legal document or in the Special Instructions of this document.

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:



EFFECTIVE DATE

This power of attorney is effective (Check one):

- immediately.
- on _____, 20__.
- upon the occurrence of the following event or contingency: _____.
- upon the incapacity of the principal.

(If applicable)

This power of attorney will remain in effect until (Check one):

- _____, 20__, unless earlier revoked or terminated by the specific conditions stated in the Termination.
- the occurrence of the following condition:
_____, unless earlier revoked or terminated by the specific conditions stated in the Termination.
- _____, 20__, or upon the occurrence of the following condition:
_____, whichever occurs earlier, unless earlier revoked or terminated by the specific conditions stated in the Termination.

TERMINATION

Regular Limited Power of Attorney. This power of attorney will automatically terminate upon the earliest of the following:

1. Completion of the specified act or transaction for which this power of attorney was granted.
2. A specific date or event as mentioned in the 'Effective Date' section of this document.
3. My revocation of this power of attorney in writing or the agent dies, becomes incapacitated, or resigns and the power of attorney does not provide for another agent to act under the power of attorney
4. My death.
5. Upon my disability or incapacity, if the power of attorney is not durable.

Durable Limited Power of Attorney. This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time but will automatically terminate upon the earliest of the following:

1. Completion of the specified act or transaction for which this power of attorney was granted.
2. A specific date or event as mentioned in the 'Effective Date' section of this document.
3. My revocation of this power of attorney in writing or the agent dies, becomes incapacitated, or resigns and the power of attorney does not provide for another agent to act under the power of attorney.
4. My death.

Any action taken by the agent under this power of attorney before its termination in reliance upon it will be



valid unless the third party knew or should have known of the termination.

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: _____

