

State of Louisiana

# LOUISIANA DURABLE MANDATE: POWER OF ATTORNEY

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STATE OF LOUISIANA  
PARISH OF \_\_\_\_\_

**NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE LOUISIANA CIVIL CODE, TITLE XV, CHAPTER 2. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

## DESIGNATION OF AGENT(S)

I, \_\_\_\_\_ [Name of Principal], appoint the following person(s) as my as my agent(s) (attorney(s)-in-fact):

Name of Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

(If applicable)

Name of Coagent: \_\_\_\_\_

Coagent's Address: \_\_\_\_\_

Coagent's Telephone Number: \_\_\_\_\_

If I have designated more than one agent, the agents are to act  jointly  separately.

## DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent(s) is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: \_\_\_\_\_

Successor Agent's Address: \_\_\_\_\_

Successor Agent's Telephone Number: \_\_\_\_\_

If my successor agent is unwilling or unable to act for me, I name as my second successor agent:

Name of Second Successor Agent: \_\_\_\_\_

Second Successor Agent's Address: \_\_\_\_\_

Second Successor Agent's Telephone Number: \_\_\_\_\_

## GRANT OF GENERAL AUTHORITY

I grant my agent(s) and any successor agent(s) general authority to act for me in any lawful way with respect to the following initialed subjects:



(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "(N) All Preceding Subjects" instead of initialing each subject.)

- \_\_\_\_\_ (A) Real Property
- \_\_\_\_\_ (B) Tangible Personal Property
- \_\_\_\_\_ (C) Stocks and Bonds
- \_\_\_\_\_ (D) Commodities and Options
- \_\_\_\_\_ (E) Banks and Other Financial Institutions
- \_\_\_\_\_ (F) Operation of Entity or Business
- \_\_\_\_\_ (G) Insurance and Annuities
- \_\_\_\_\_ (H) Estates, Trusts, and Other Beneficiary Interests
- \_\_\_\_\_ (I) Claims and Litigation
- \_\_\_\_\_ (J) Personal and Family Maintenance
- \_\_\_\_\_ (K) Benefits from Governmental Programs or Civil or Military Service
- \_\_\_\_\_ (L) Retirement Plans
- \_\_\_\_\_ (M) Taxes
- \_\_\_\_\_ (N) All Preceding Subjects
- \_\_\_\_\_ (O) In Accordance with Special Instructions Stated Below

### SPECIAL INSTRUCTIONS

On the following lines you may give special instructions limiting or extending the powers granted to your agent(s):

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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 is not terminated by my incapacity, disability or other condition that makes an express revocation of the power of attorney impossible or impractical.

### RELIANCE ON THIS POWER OF ATTORNEY

I agree that any third party who receives a copy of this document may act under it. I agree that any transaction entered into by any third party in reliance on this document shall be binding upon me and I hereby waive all rights I may have to challenge the authority of the named agent, except to recover against him. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation.



SIGNATURE AND ACKNOWLEDGMENT

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

[by:

Representative Name Printed: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

on behalf of:]

Principal Name Printed: \_\_\_\_\_

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

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

WITNESSES:

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

Witness Address \_\_\_\_\_

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

Witness Address \_\_\_\_\_

NOTARY PUBLIC

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

Parish of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, Notary Public in and for said parish and state, duly commissioned and qualified as such, personally came and appeared

\_\_\_\_\_, in the presence of \_\_\_\_\_ and

\_\_\_\_\_, competent witnesses, and did execute and sign this Power of Attorney.

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

(Seal, if any)

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

