

# LOUISIANA DURABLE POWER OF ATTORNEY

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**Mandate: Power of Attorney**

By: \_\_\_\_\_

To: \_\_\_\_\_

**STATE OF LOUISIANA**

**PARISH OF \_\_\_\_\_**

By this instrument of mandate be it known, that on \_\_\_\_\_ (Date of declaration),  
\_\_\_\_\_ (Principal name), whose permanent mailing address is  
\_\_\_\_\_ (Address) and who is a person over the age of 18 and  
a resident of \_\_\_\_\_ (County), Louisiana, referred to as "appearer" in this instrument,  
declared that appearer does make, name, nominate, ordain, authorize, constitute, and appoint, and in  
appearer's place and stead, depute and put \_\_\_\_\_ (Agent name), whose  
permanent mailing address is \_\_\_\_\_ (Address) and who is  
over the age of 18 and a resident of \_\_\_\_\_ (County), Louisiana, sometimes referred to as  
"agent," to be appearer's agent and attorney-in-fact, giving and granting to the agent full and unlimited  
power and authority for and in the name of appearer and in appearer's behalf in all of the matters initialed  
below:

- \_\_\_\_\_ (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 AND LIMITATIONS**

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**TERMINATION**

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

Appearer agrees to ratify and confirm all that the agent will do or cause to be done by virtue of this act of procuracy; to save, protect, defend, indemnify, and hold harmless appearer's attorney in fact for all actions taken on appearer's behalf, including any acts or omissions which may be negligent, excluding only willful misconduct; and any and all persons or corporations relying on this act, until they will receive actual written notice of revocation, with respect to their recognition of the designated agent.

Further, appearer grants to agent, full power and authority to sign all instruments in writing, acts and documents, to issue all necessary receipts, and to do all acts my agent deems necessary to accomplish the foregoing.

Thus done and passed, in my office in \_\_\_\_\_(City of notary public office), Louisiana on the day, month, and year first above-written, in the presence of \_\_\_\_\_ and \_\_\_\_\_, competent witnesses, who sign their names with the appearers and me, notary, after due reading of the whole.



**WITNESSES**

**APPEARER**

\_\_\_\_\_  
Witness' Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Principal's Printed Name: \_\_\_\_\_

**AGENT**

\_\_\_\_\_  
Witness' Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Agent's Printed Name: \_\_\_\_\_

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

(Seal, if any)

Print Name: \_\_\_\_\_

Bar/Notary No: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

