



FindLaw[®]

Legal Forms & Services

FirstName LastName

INDIANA

POWER OF ATTORNEY

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The answers you provide in the questionnaire are incorporated in this document at your direction. The form was developed by attorneys based on the laws of your state. You are responsible for finalizing the document and having it reviewed by an attorney.

Finalizing a Power of Attorney in Indiana

After printing your document, you will need to finalize it. Below are the steps:

1. Print out your document
2. Review, initial, sign, and date in front of a notary and two witnesses
3. Have two witnesses sign and date
4. Have notary sign and date
5. Keep document in a safe place

Notice: Some state laws require the principal to initial or sign next to the powers they have granted in order for that power to be effective. To make sure you have initialed and/or signed in the correct places, you should review your form and your state's laws on powers of attorney requirements. Some state laws prohibit certain people from being witnesses to a power of attorney. Review your state's laws on witness requirements for powers of attorney.

In addition, your agent may be required to verify their authority with a certification or affidavit, or provide specimen signatures before a party will honor your power of attorney.

INDIANA DURABLE POWER OF ATTORNEY
OF FirstName LastName

DESIGNATION OF ATTORNEY IN FACT

I, FirstName LastName, name the following person as my attorney in fact:

Name: FirstName LastName
Address: 222 Street Address, City, Indiana 12345
Phone: 1111111111

DESIGNATION OF SUCCESSOR ATTORNEY(S) IN FACT

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

Name: FirstName LastName
Address: 333 Street Address, City, Indiana 12345
Phone: 1111111111

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

I choose not to name a second successor attorney in fact at this time.

GRANT OF GENERAL AUTHORITY

I grant my attorney in fact and any successor attorney in fact general authority to act with respect to all lawful subjects and purposes I have INITIALED as defined under Title 50, Article 5 of the Indiana code:

- _____ Real Property Transactions § 30-5-5-2
- _____ Tangible Personal Property Transactions § 30-5-5-3
- _____ Bond, Share, and Commodity Transactions § 30-5-5-4
- _____ Retirement Plans § 30-5-5-4.5
- _____ Banking Transactions § 30-5-5-5
- _____ Business Operating Transactions § 30-5-5-6
- _____ Insurance Transactions § 30-5-5-7
- _____ Transfers on Death or Payable on Death Transfers § 30-5-5-7.5

- _____ Beneficiary Transactions § 30-5-5-8
- _____ Gift Transactions § 30-5-5-9
- _____ Fiduciary Transactions § 30-5-5-10
- _____ Claims and Litigation § 30-5-5-11
- _____ Family Maintenance § 30-5-5-12
- _____ Benefits from Military Service § 30-5-5-13
- _____ Records, Reports, and Statements § 30-5-5-14
- _____ Electronic Records, Reports, and Statements § 30-5-5-14.5
- _____ Estate Transactions § 30-5-5-15
- _____ Delegation of Authority § 30-5-5-18
- _____ All Other Matters § 30-5-5-19

LIMITATION ON ATTORNEY IN FACT'S AUTHORITY

An attorney in fact that is not my ancestor, spouse, or descendant MAY use my property to benefit the attorney in fact or a person to whom the attorney in fact owes an obligation of support.

SPECIAL INSTRUCTIONS

Revocation. All my previously executed powers of attorney are hereby revoked.

Compensation. My attorney in fact MAY be entitled to reasonable compensation for actions taken pursuant to this power of attorney.

Special Instructions. I have no other instructions.

EFFECTIVE DATE

This power of attorney is effective immediately and shall not be affected by disability of the principal.

NOMINATION OF GUARDIAN

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

Name: FirstName LastName
 Address: 222 Street Address, City, Indiana 12345
 Phone: 1111111111

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

Name: FirstName LastName
Address: 333 Street Address, City, Indiana 12345
Phone: 1111111111

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 AND ACKNOWLEDGMENT

IN WITNESS WHEREOF, I hereunto set my hand, or directed the signing, this ___ day of _____, 20__.

Signature of FirstName LastName

I, FirstName LastName, the principal, sign my name to this instrument this _____ day of _____, 20__, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as power of attorney and that I sign it (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed.

Signature of FirstName LastName

We, _____ and _____, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority, that the Principal signs and executes this instrument as Principal’s power of attorney and that Principal signs it (or willingly directs another to sign for Principal), and that each of us, in the presence and hearing of the Principal, hereby signs this instrument as witness to the Principal’s signing.

Witness Signature
Witness Printed Name: _____

Witness Signature
Witness Printed Name: _____

State of _____

County of _____

Subscribed, sworn to and acknowledged before me by FirstName LastName, the Principal,
subscribed and sworn to before me by _____ and _____
_____, witnesses, this ____ day of _____, 20__.

Notary Public Signature
Notary Public Printed Name: _____

Notary Public, State of _____
(stamp, name, commission #, and expiration)