

POWER OF ATTORNEY INSTRUCTIONS

IF YOU NEED SOMEONE TO SIGN FOR YOU WHILE YOU ARE AWAY IT IS A GOOD IDEA TO GIVE THEM "POWER OF ATTORNEY". THIS ALLOWS THE PERSON TO SIGN FOR YOU WHILE YOU ARE AWAY.

WHEN THIS FORM IS COMPLETED AND THEN NOTARIZED BY A NOTARY PUBLIC, IT SHOULD BE GIVEN TO THE PERSON WHO WILL BE SIGNING YOUR NAME.

DO NOT RETURN THIS FORM TO OUR OFFICE. IT IS FOR YOUR USE.

WE CANNOT GIVE LEGAL ADVICE, JUST SUGGESTIONS.

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, _____
of _____ (country), _____ (state), do hereby
constitute and appoint _____ of
_____ (country), _____ (state), as my attorney-
in-fact, on my behalf and in my name:

1. To have and exercise general authority with respect to any real property in which I have or hereafter acquired an interest, to the full extent provided in IC 30-5-5-2;
2. To have and exercise general authority with respect to any tangible personal property in which I have or hereafter acquire an interest, to the full extent provided in IC 30-5-5-3;
3. To have and exercise general authority with respect to any bonds, shares or commodities in which I have or hereafter acquire an interest, to the full extent provided in IC 30-5-5-4;
4. To have and exercise general authority with respect to banking transactions involving funds in which I have or hereafter acquired an interest, to the full extent provided in IC 30-5-5-5;
5. To have and exercise general authority with respect to business transactions involving any business in which I have or hereafter acquired an interest, to the full extent provided in IC 30-5-5-6;
6. To have and exercise general authority with respect to insurance transactions, to the full extent provided in IC 30-5-5-7;
7. To have and exercise general authority with respect to beneficiary transactions, to the full extent provided in IC 30-5-5-8;
8. To have and exercise general authority with respect to gifts, to the full extent provided in IC 30-5-5-9;
9. To have and exercise general authority with respect to fiduciaries, to the full extent provided in IC 30-5-5-10;
10. To have and exercise general authority with respect to claims and litigation now or hereafter asserted by or against me, to the full extent provided in IC 30-5-5-11;
11. To have and exercise general authority with respect to family maintenance, to the full extent provided in IC 30-5-5-12;
12. To have and exercise general authority with respect to military service benefits, to the full extent provided in IC 30-5-5-13;
13. To have and exercise general authority with respect to records, reports and statements, to the full extent provided in IC 30-5-5-14;
14. To have and exercise general authority with respect to estates, to the full extent provided in IC-5-5-15;

- 15. To have and exercise general authority with respect to health care powers, to the full extent provided in IC 30-5-5-16;
- 16. To have and exercise general authority with respect to delegating authority, to the full extent provided in IC 30-5-5-18; and
- 17. To have and exercise general authority with respect to all other matters, to the full extent provided in IC 30-5-5-19.

This Power of Attorney shall not be affected by my incompetence or by my inability to manage my business affairs, but shall continue in full force and effect until revoked in writing by me or by my guardian or other personal representative, and for myself, my heirs, legatees, personal representatives, and assigns, I hereby ratify and confirm whatsoever my said attorney shall lawfully do in the premises by virtue of these presents.

The validity and construction of this Power of Attorney shall be governed by the law of the State of _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, _____.

(month) (year)

STATE OF _____)
) SS:
 COUNTY _____)

Before me, the undersigned, a Notary Public, in and for said State and County, personally appeared who acknowledged the execution of the foregoing instrument and swore to the truth of the matters contained therein.

Witness my hand and seal this _____ day of _____, _____.

(month) (year)

Notary Public

My Commission Expires:

County of Residence: