INDIANA DURABLE POWER OF ATTORNEY

Principal's Name: _____

Principal's Address: _____

Agent's Name: _____

Agent's Address: _____

Designation of Agent:

I, the Principal, hereby appoint the Agent named above as my attorney-in-fact to act for me and in my name in all matters, including but not limited to financial and legal matters, to the full extent permitted by Indiana law.

Durability of Power of Attorney:

This power of attorney shall not be affected by my subsequent disability or incapacity, or by lapse of time, and shall remain in effect until revoked by me in writing.

Powers Granted:

My Agent shall have full power and authority to act on my behalf. My Agent’s powers include, but are not limited to, the following:

- To manage, invest, and reinvest my assets;
- To buy, sell, lease, and exchange real and personal property;
- To manage banking transactions, withdraw funds, and deposit checks;
- To access safe deposit boxes and manage their contents;
- To prepare, sign, and file tax returns and documents;
- To engage in litigation and settle claims on my behalf;
- To make gifts consistent with my usual pattern of giving;
- To employ and discharge agents, attorneys, and advisors as necessary.

Limitations on Agent's Authority:

My Agent shall not have the authority to make, change, or revoke my Last Will and Testament, nor shall my Agent have authority to make health care decisions for me.

Revocation of Previous Powers of Attorney:

This Durable Power of Attorney supersedes any prior durable power of attorney executed by me, to the extent that such prior powers relate to matters covered by this document.

Reliance on this Power of Attorney:

Any person, including my Agent, may rely upon the validity of this power of attorney or a copy of it unless such person has actual knowledge of its revocation or termination.

Governing Law:

This Power of Attorney is governed by the laws of the State of Indiana and is intended to be effective and enforceable under said laws.

Signature of Principal:

_____

Print Name of Principal: _____

Signature of Witness 1:

_____

Print Name of Witness 1: _____

Signature of Witness 2:

_____

Print Name of Witness 2: _____

Notary Public: _____

My Commission Expires: _____

PRINCIPAL'S SIGNATURE

Signature: _____

AGENT'S ACKNOWLEDGEMENT

Signature: _____