

INDIANA LIMITED POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

That I, the undersigned Principal, hereby appoint the person named below as my true and lawful attorney-in-fact to act in my name, place, and stead, to the extent authorized herein, with respect to the transactions and matters specified below, subject to the laws of the State of Indiana.

Principal Information:

Full Legal Name: _____

Address: _____

Phone Number: _____

Attorney-in-Fact Information:

Full Legal Name: _____

Address: _____

Phone Number: _____

Grant of General Authority:

The Attorney-in-Fact is authorized to act for the Principal in all matters permitted by the Indiana Power of Attorney Act, Indiana Code § 30-5-5 et seq., including but not limited to the following powers:

- Real property transactions;
- Tangible personal property transactions;
- Stock and bond transactions;
- Banking and other financial institution transactions;
- Business operating transactions;
- Insurance and annuity transactions;
- Estate, trust, and other beneficiary transactions;
- Claims and litigation;
- Personal and family maintenance;
- Benefits from military service;
- Tax matters;

Special Instructions:

Effective Date and Durability:

This Power of Attorney is effective immediately upon execution and shall not be affected by subsequent disability or incapacity of the Principal. This Power of Attorney shall continue in effect until revoked by the Principal or as otherwise provided by law.

Revocation of Prior Powers of Attorney:

Any prior powers of attorney executed by the Principal concerning the powers granted herein are hereby revoked.

Reliance on This Power of Attorney:

Any person, including the 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.

Governing Law:

This Power of Attorney shall be governed by the laws of the State of Indiana and interpreted in accordance with those laws.

Principal's Signature:

Printed Name: _____

Attorney-in-Fact's Acknowledgment:

I, the undersigned Attorney-in-Fact, acknowledge that I have read and understand the terms of this Power of Attorney and agree to act in accordance with its provisions and the laws of the State of Indiana.

Signature: _____ Date: _____
Printed Name: _____

Notary Public Acknowledgment:

State of Indiana
County of _____

On this _____ day of _____, before me, a Notary Public in and for said State, personally appeared _____

In witness whereof I hereunto set my hand and official seal.

Notary Signature: _____
Commission Expires: _____

Principal's Signature

Attorney-in-Fact's Signature

Signature: _____

Signature: _____

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