

MINNESOTA POWER OF ATTORNEY FORM

IMPORTANT NOTICE: The powers granted by this document are broad and sweeping. They are defined in Minnesota Statutes, Section 523.24. If you have any questions about these powers, obtain competent legal advice. This power of attorney may be revoked by you if you wish to do so. This power of attorney is automatically revoked by the death of the principal or, if the principal is married to the attorney-in-fact, by the commencement of legal proceedings for dissolution, separation, or annulment of their marriage. This form is not intended to be used for health care decisions.

I. DESIGNATION OF PARTIES

I, _____ (the "Principal"), residing at:

hereby appoint the following person as my Attorney-in-Fact (the "Agent"):

Name: _____

Address: _____

Phone: _____

to act as my attorney-in-fact pursuant to the provisions of Minnesota Statutes, Chapter 523.

II. GRANT OF POWERS

First: I grant to the attorney-in-fact it is my intention to grant to the attorney-in-fact alone or jointly, in common or severally, the following powers:

(Check the lines below for the specific powers you want to grant. You may check as many as you like. If you want to grant ALL powers, check option N).

☐ (A) Real property transactions;

☐ (B) Tangible personal property transactions;

- ☐ (C) Bond, share, and commodity transactions;
- ☐ (D) Banking transactions;
- ☐ (E) Business operating transactions;
- ☐ (F) Insurance transactions;
- ☐ (G) Beneficiary transactions;
- ☐ (H) Gift transactions;
- ☐ (I) Fiduciary transactions;
- ☐ (J) Claims and litigation;
- ☐ (K) Family maintenance;
- ☐ (L) Benefits from military service;
- ☐ (M) Records, reports, and statements;
- ☐ (N) All of the powers listed in (A) through (M) above and all other matters.

III. DURABILITY AND EFFECTIVENESS

Second: (You must check ONE of the following options to determine the validity of this Power of Attorney regarding disability or incapacity).

- ☐ This power of attorney shall not be affected by disability of the principal.
- ☐ This power of attorney shall become effective upon the disability of the principal.

IV. SUCCESSOR ATTORNEY-IN-FACT

Third: (Optional) If the attorney-in-fact named above dies, resigns, is removed or becomes unable or unwilling to act, I name the following person as successor attorney-in-fact:

Name: _____

Address: _____

Phone: _____

V. EXPIRATION

Fourth: (Optional) This power of attorney shall expire on the ____ day of _____, 20____.
(If no date is filled in, this power of attorney shall continue until revoked).

VI. ACCOUNTING AND LIABILITY

Fifth: (Optional) My attorney-in-fact shall render an account to me (or my conservator or guardian) of the financial transactions engaged in on my behalf:

(Check one)

☐ Monthly

☐ Quarterly

☐ Annually

☐ Upon my request

Sixth: Such attorney-in-fact is authorized, but not required, to act for me.

VII. GOVERNING LAW

This Power of Attorney is made pursuant to Minnesota Statutes, Chapter 523, and shall be governed by, construed, and enforced in accordance with the laws of the State of Minnesota.

VIII. SIGNATURE AND ACKNOWLEDGMENT

In Witness Whereof I have hereunto signed my name this ____ day of _____, 20____.

PRINCIPAL

Signature: _____

Print Name: _____

Date: ____ day of _____, 20____

Address: _____

IX. NOTARY ACKNOWLEDGMENT

STATE OF MINNESOTA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by
_____ (Insert Name of Principal).

Signature of Notary Public

(Seal)

My Commission Expires: _____ day of _____, 20____

X. SPECIMEN SIGNATURE OF ATTORNEY-IN-FACT

(This section is for the Agent to sign to verify their signature for third parties).

ATTORNEY-IN-FACT

Signature: _____

Print Name: _____

Date: _____ day of _____, 20____