

OHIO POWER OF ATTORNEY FORM

NOTICE TO THE PRINCIPAL: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM POWER OF ATTORNEY ACT, OHIO REVISED CODE CHAPTER 1337. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I. APPOINTMENT OF AGENT

I, the undersigned Principal, hereby appoint the following individual as my agent (attorney-in-fact) to act for me in any lawful way with respect to the subjects indicated below:

Principal Name: _____

Principal Address: _____

Agent Name: _____

Agent Address: _____

II. DESIGNATION OF SUCCESSOR AGENT (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Successor Agent Name: _____

Successor Agent Address: _____

III. GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Ohio Revised Code, Sections 1337.42 through 1337.58:

(Check the boxes of the powers you wish to grant. You may check "All of the Above" to grant all powers listed.)

☐ Real Property (Ohio Revised Code § 1337.42)

☐ Tangible Personal Property (Ohio Revised Code § 1337.43)

- ☐ Stocks and Bonds (Ohio Revised Code § 1337.44)
- ☐ Commodities and Options (Ohio Revised Code § 1337.45)
- ☐ Banks and Other Financial Institutions (Ohio Revised Code § 1337.46)
- ☐ Operation of Entity or Business (Ohio Revised Code § 1337.47)
- ☐ Insurance and Annuities (Ohio Revised Code § 1337.48)
- ☐ Estates, Trusts, and Other Beneficial Interests (Ohio Revised Code § 1337.49)
- ☐ Claims and Litigation (Ohio Revised Code § 1337.50)
- ☐ Personal and Family Maintenance (Ohio Revised Code § 1337.51)
- ☐ Benefits from Governmental Programs or Civil or Military Service (Ohio Revised Code § 1337.52)
- ☐ Retirement Plans (Ohio Revised Code § 1337.53)
- ☐ Taxes (Ohio Revised Code § 1337.54)
- ☐ Digital Assets (Ohio Revised Code § 1337.57)

OR

- ☐ **ALL OF THE ABOVE** (Grants all powers listed above)

IV. LIMITATIONS AND SPECIAL INSTRUCTIONS

My agent's authority is subject to the following special instructions or limitations:

V. DURABILITY AND EFFECTIVE DATE

(Check one of the following to determine the validity of this document regarding your incapacity.)

☐ **DURABLE POWER OF ATTORNEY.** This Power of Attorney shall not be affected by my subsequent disability, incapacity, or incompetence. This Power of Attorney is effective:

☐ Immediately upon the date of execution.

☐ Upon the date of: _____ day of _____, 20____

☐ **NON-DURABLE POWER OF ATTORNEY.** This Power of Attorney shall automatically terminate if I become disabled, incapacitated, or incompetent. This Power of Attorney is effective:

☐ Immediately upon the date of execution.

☐ Upon the date of: _____ day of _____, 20____

☐ **SPRINGING POWER OF ATTORNEY.** This Power of Attorney shall become effective only upon my disability, incapacity, or incompetence. I shall be considered disabled, incapacitated, or incompetent upon the written certification by my attending physician.

VI. NOMINATION OF GUARDIAN

Pursuant to Ohio Revised Code § 1337.28, if it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Nominee for Guardian of my Estate:

Nominee for Guardian of my Person:

VII. 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 that person knows it has terminated or is invalid. This power of attorney is intended to be valid in any jurisdiction in which it is presented.

VIII. REVOCATION

I hereby revoke all prior Powers of Attorney granting authority to act for me regarding the subjects granted in this document. This Power of Attorney shall remain in full force and effect until I revoke it in writing or until my death.

IX. GOVERNING LAW

This Power of Attorney shall be governed by, construed, and enforced in accordance with the laws of the State of Ohio, specifically the Uniform Power of Attorney Act (Ohio Revised Code Chapter 1337).

X. SIGNATURE AND ACKNOWLEDGMENT

PRINCIPAL

Signature: _____
Print Name: _____
Date: ____ day of _____, 20____
Address: _____

WITNESSES (OPTIONAL BUT RECOMMENDED)

We, the witnesses, each sign our names to this instrument in the presence of the Principal. To the best of our knowledge, the Principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

WITNESS 1

Signature: _____
Print Name: _____
Date: ____ day of _____, 20____
Address: _____

WITNESS 2

Signature: _____
Print Name: _____
Date: ____ day of _____, 20____
Address: _____

NOTARY ACKNOWLEDGMENT

State of Ohio

County of _____

This instrument was acknowledged before me on the _____ day of _____, 20____ by
_____ (Name of Principal).

Signature of Notary Public: _____

Printed Name of Notary: _____

My Commission Expires: _____ day of _____, 20____

(Seal)