

STATUTORY SHORT FORM POWER OF ATTORNEY
MINNESOTA STATUTES SECTION 523.23

IMPORTANT NOTICE: The powers granted by this document are broad and sweeping. They are defined in Minnesota Statutes § 523.24. If you have any questions about these powers, obtain competent advice. This power of attorney may be revoked by you if you wish to do so. This power of attorney is automatically terminated if it is to your spouse and proceedings are commenced for dissolution, legal separation, or annulment of your marriage. This power of attorney authorizes, but does not require, the attorney-in-fact to act for you.

PRINCIPAL:

Name: _____

Address: _____

ATTORNEY(S)-IN-FACT (Name and Address):

Name: _____

Address: _____

SUCCESSOR ATTORNEY(S)-IN-FACT (Name and Address):

To act if any named attorney-in-fact dies, resigns, or is otherwise unable to serve. (Optional)

Name: _____

Address: _____

Name: _____

Address: _____

NOTICE: If more than one attorney-in-fact is designated, make a check or "x" on the line in front of one of the following statements:

Each attorney-in-fact may independently exercise the powers granted.

All attorneys-in-fact must jointly exercise the powers granted.

EXPIRATION DATE (Optional) _____

Use specific month, day, year only.

I, _____

hereby appoint the above-named Attorney(s)-in-Fact to act as my attorney(s)-in-fact:

FIRST, To act for me in any way that I could act with respect to the following matters, as each of them is defined in Minnesota Statutes § 523.24.

Check or "x"

(A) real property transactions;

I choose to limit this power to real property in _____ County, Minnesota, _____ described _____ as _____ follows:

(If more space is needed, continue on the back or on an attachment.)

(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, report, and statements;
- (N) all of the powers listed in (A) through (M) above and all other matters.

SECOND: (You must indicate below whether or not this power of attorney will be effective if you become incapacitated or incompetent. Make a check or "x" on the line in front of the statement that expresses your intent.)

This power of attorney shall continue to be effective if I become incapacitated or incompetent.

This power of attorney shall not be effective if I become incapacitated or incompetent.

THIRD: (You must indicate below whether or not this power of attorney authorizes the attorney-in-fact to transfer your property to the attorney-in-fact. Make a check or "x" on the line in front of the statement that expresses your intent.)

This power of attorney authorizes the attorney-in-fact to transfer my property to the attorney-in-fact.

This power of attorney does not authorize the attorney-in-fact to transfer my property to the attorney-in-fact.

FOURTH: (You may indicate below whether or not the attorney-in-fact is required to make an accounting. Make a check or "x" on the line in front of the statement that expresses your intent.)

My attorney-in-fact need not render an accounting unless I request it or the accounting is otherwise required by Minnesota Statutes § 523.21.

My attorney-in-fact must render [Monthly, Quarterly, Annual] accountings to me or _____ during my lifetime, and a final accounting to the personal representative of my estate, if any is appointed, after my death.

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

(Signature of Principal)

(Acknowledgment of Principal)

STATE OF MINNESOTA)

)

COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____,
19____.

(Signature of Notary Public or other Official)

Specimen Signature of Attorney(s)-in-Fact: _____

(Notarization not required)

This instrument was drafted by: _____

Filename: MN-P010
Directory: H:\usforms\forms_working\Power_of_attorney\MN
Template: C:\WINDOWS\Application Data\Microsoft\Templates\Normal.dot
Title: MN Legal Forms
Subject:
Author: Diane McCabe
Keywords:
Comments:
Creation Date: 9/29/00 2:24 AM
Change Number: 2
Last Saved On: 9/29/00 2:24 AM
Last Saved By: William L. Griffin, Jr.
Total Editing Time: 0 Minutes
Last Printed On: 9/29/00 10:30 AM
As of Last Complete Printing
Number of Pages: 4
Number of Words: 793 (approx.)
Number of Characters: 4,522 (approx.)