

**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 section 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 and address of person granting the power)

ATTORNEY(S)-IN-FACT
(Names and Addresses)

SUCCESSOR ATTORNEY(S)-IN-FACT (Optional)
To act if any named attorney-in-fact dies, resigns or is otherwise unable to serve. (Name and Address)

First Successor _____

Second Successor _____

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 and year only

I (the above named Principal), appoint the above named Attorney(s)-in-fact:

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

(To grant the attorney-in fact any of the following powers, make a check or "x" on the line in front of each power being granted. You may, but need not, cross out each power not granted. Failure to make a check or "x" on the line in front of the power will have the effect of deleting the power unless the line in front of the power is checked or x-ed.)

Check or "x"

_____ (A) Real property transactions;
I choose to limit this power to real property in _____ County, MN
described as follows: (use legal description. Do not use address.)

(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 litigations;
- _____ (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.

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 you 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 mark 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 **does not** have to give an accounting unless I ask for it or the accounting is otherwise required by Minnesota Statutes, section 523.21.

_____ My attorney-in-fact must give monthly, quarterly, annual (circle one) accountings to me, **or to**

_____ (Name and Address)

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 _____ 20 _____

_____ (Signature of Principal)

(Acknowledgment of Principal)

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

This instrument was drafted by: _____

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

(Notarization not required) _____

REVOCATION OF POWER OF ATTORNEY
Minnesota Statutes, § 523.11

TO WHOM IT MAY CONCERN:

I _____ revoke and declare null and void the

POWER OF ATTORNEY I granted to _____

which is dated _____ 20 _____

Please be advised that the above-named person no longer has power to act as my attorney-in-fact in any way.

Date: _____

(Principal)

STATE OF MINNESOTA

County of _____

The foregoing instrument was acknowledged before me
this _____ day of _____ 20 _____

by _____

Notary Public