

**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.

DRAFT

PRINCIPAL (Name and Address of Person granting the Power)

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

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)

Second Successor _____

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, Section 523.21.

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

DRAFT

In Witness Whereof I have signed my name this _____ day of _____, 2010.

(Acknowledgment of Principal)

(Signature of Principal)

STATE OF MINNESOTA)
)ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 2010, by _____.

Signature of Notary Public or other Official

This instrument was drafted by:
Heather L. L. Koering
EASTLUND, SOLSTAD, CADE & HUTCHINSON, LTD.
4200 County Road 42 West
Savage, MN 55378

Specimen Signature of Attorney(s)-in-Fact
(Notarization not required)

