



MILLE LACS BAND OF OJIBWE

Legislative Branch of Tribal Government

Beware- Do not give your **Power of Attorney** out easily

Never sign a **Power of Attorney** form if you absolutely can avoid it. There are unscrupulous people in the world who will take advantage of you when they have the chance. Below are a few things you can do to protect yourself if you have to assign a **POA**.

When you are faced with a need to assign a **POA**, select a person who is both trustworthy and financially responsible. Before you sign the **Power of Attorney** form in the presence of a Notary public, read it over, think about what kinds of things you will need the **POA** to do for you. What kinds of things do you not want them to do! You should also fill in the expiration date you do not want to leave it open forever, if you only need it for a month while you are in the hospital or whatever put the end date in the expiration space. You can always create a new form if you find it needs to be continued longer.

The form has various things you can cross out and initial so your **POA** can't sell your real estate or personal property. There is a section that could allow the **POA** to transfer your property to them if they chose to. You do have the ability to write on the form any special notes you might want to make and be sure to initial it before signing. Your **POA** should be able to provide you with receipts of all the transactions they made on your behalf as long as you initial the box requesting that they remain accountable for all the transactions they make.

If you need to stop the **Power of Attorney** before the expiration date then you will need to fill out a revocation form, make a copy for yourself also. The revocation form in essence stops the **POA**, but you have to present the form to the person acting as your **POA** and it is best to get the original **POA** paperwork back from them at the same time. If they don't want to give you back the original you will need to send them another copy of the revocation form by certified mail. Retain the receipts for your records to prove the person did sign for the document delivered by the post office. If all else fails and they continue to exercise their **POA** than you may have to take it to the Courts for a legal judgment.

DISTRICT I

43408 Oodena Drive • Onamia, MN 56359
(320) 532-4181 • Fax (320) 532-4209

DISTRICT II

36666 State Highway 65 • McGregor, MN 55760
(218) 768-3311 • Fax (218) 768-3903

DISTRICT IIA

2605 Chiminissing Drive • Isle, MN 56342
(320) 676-1102 • Fax (320) 676-3432

DISTRICT III

45749 Grace Lake Road • Sandstone, MN 55072
(320) 384-6240 • Fax (320) 384-6190

URBAN OFFICE

1433 E. Franklin Avenue, Ste. 7c • Minneapolis, MN 55072
(612) 872-1424 • Fax (612) 872-1257

**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 N 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)

