**POWER OF ATTORNEY MANDATE**

**State:** Louisiana

**Background:**

1. This power of attorney authorizes another person (your mandatary) to make decisions concerning your property for you (the principal). Your mandatary will not be able to make decisions and act with respect to your property (including your money) if you are not able to act for yourself.
2. This power of attorney does not authorize the mandatary to make medical and health care decisions for you.
3. You should select someone you trust to serve as your mandatary. Unless you specify otherwise, generally the mandatary’s authority will continue until you die or revoke the power of attorney, or the mandatary resigns or is unable to act for you.
4. Your mandatary is entitled to reasonable compensation unless you state otherwise in the Special Instructions.
5. This form provides for designation of one mandatary. If you wish to name more than one mandatary, you may name a co-mandatary in the Special Instructions. Co-mandatarys are not required to act together unless you include that requirement in the Special Instructions.
6. If your mandatary is unable or unwilling to act for you, your power of attorney will end unless you have named a successor mandatary. You may also name a second successor mandatary.
7. This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.
8. **If you have questions about the power of attorney or the authority you are granting to your mandatary, you should seek legal advice before signing this form.**

**Designation of Mandatary**

1. I, [NAME] of [ADDRESS] authorize [ATTORNEY NAME] of [ATTORNEY ADDRESS] as my mandatary to act for me and in my name and for my use and benefit. If my mandatary is unable or unwilling to act for me, I name [SUCCESSOR MANDATARY NAME] of [SUCCESSOR MANDATARY ADDRESS] as my successor mandatary.

**Grant of General Authority**

1. I grant my mandatary and any successor mandatary general authority to act for me with respect of the following:

[Real property]

[Tangible personal property]

[Stocks and bonds]

[Commodities and options]

[Banks and Other Financial Institutions]

[Operation of Entity or Business]

[Insurance and Annuities]

[Estates, Trusts, and Other Beneficiary Interests]

[Claims and Litigation]

[Personal and Family Maintenance]

[Benefits from Governmental Programs or Civil or Military Service]

[Retirement Plans]

[Taxes]

[All Preceding Subjects]

**Grant of Specific Authority** [INSERT IF APPLICABLE]

1. My mandatary may not do any of the following specific acts for me unless I have included them in the specific authority listed below:

[Create, amend, revoke, or terminate an inter vivos trust]

[Make a gift]

[Create or change rights of survivorship]

[Create or change a beneficiary designation]

[Authorize another person to exercise the authority granted under this power of attorney]

[Waive the principal’s right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan]

[Exercise fiduciary powers that the principal has authority to delegate]

**Limitation on Mandatary’s Authority**

1. An mandatary that is not my ancestor, spouse, or descendant may not use my property to benefit the mandatary or a person to whom the mandatary owes an obligation of support unless I have included that authority in the Special Instructions.

**Special Instructions**

1. [INSERT SPECIAL INSTRUCTIONS IF APPLICABLE].

**Effective Date**

1. This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

**Termination** [INSERT ONE]

1. The principal may terminate the mandate and the authority of the mandatary at any time. A mandate in the interest of the principal, and also of the mandatary or of a third party, may be irrevocable, if the parties so agree, for as long as the object of the contract may require.

**Nomination Of Guardian** [INSERT IF APPLICABLE]

1. If it becomes necessary for a court to appoint a guardian of my estate or my person, I nominate the following person(s) for appointment: [REPEAT BELOW FOR EACH NOMINEE]

Name of Nominee for guardian of my estate: [NAME]

Nominee’s Address: [ADDRESS]

Nominee’s Telephone Number: [TELEPHONE NUMBER]

**Revocation**

1. If the Principal wishes to revoke the power of attorney, he/she should send a written notice of revocation to the mandatary, and to all third parties relying on the authority of the acting mandatary.

**Reliance On This Power of Attorney**

1. Any person, including my mandatary, 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.

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Signature of Principal                                                                                        Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Printed

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Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

State/Commonwealth of [STATE]

County of [COUNTY]

On this day of [DATE] before me, [NAME], personally appeared, known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same and that by his/her signature on this instrument the person executed this instrument.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal, if any)

Signature of Notary

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_