

### General Power of Attorney — Instructions

This General Power of Attorney will continue as long as you are alive and may take effect at the date specified in the document or when you become incapacitated or otherwise disabled, at your discretion and as specified in this document. You are able to make the authority of the agent as specific or as broad as you would like and are able to withdraw or revoke all or part of the powers at any time so long as you do so in writing to the Agent and the Spirit Lake Tribal Court.

- Step One: Complete the attached form entitled "General Power of Attorney" by completing all sections and checking or placing your initials beside any provision that you wish to be applicable in the general powers.
- Step Two: Once you have completed the form, you and two witnesses will need to affix your signatures to the last page in front of Notary Public. You should make sure that the witnesses who sign the document do not include the person that you have identified as your appointed Agent on the first page of the form.
- Step Three: Once the document is appropriately signed and witnessed, you will need to make at least two (2) copies. One (1) copy needs to be sent by certified mailing to the Agent identified on the first page of the form. The Second copy should be kept with your personal papers either at your place of residence or with your attorney. The Original form should be filed with the Clerk of Court at the Spirit Lake Tribal Court.
- Note: If at any time you wish to revoke the General Power of Attorney, you must do so in writing to the Agent and to the Clerk of Court at the Spirit Lake Tribal Court.

GENERAL POWER OF ATTORNEY

I, \_\_\_\_\_ (full legal name) residing at:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

hereby appoint the following person to serve as my Attorney-in-Fact ("Agent"):

Name of Agent: \_\_\_\_\_

Address of Agent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Attorney-in-Fact ("Agent") is hereby appointed for the following purposes:  
*(place initials beside all those that you wish to apply)*

\_\_\_\_\_ **1) The Agent shall have full authority and power to manage and conduct all affairs related to my finances and to exercise all of my legal rights and powers for the same. This power shall include but not be limited to:**

\_\_\_\_\_ a) opening, closing and/or maintaining bank accounts, brokerage accounts and other similar accounts with financial institutions. Maintaining said accounts shall include but not be limited to making deposits, withdrawals, obtaining bank statements, passbooks, drafts, money orders, certificates or vouchers payable to me by any individual, agency, firm or other entity; and

\_\_\_\_\_ b) having access to safe deposit box(es) that I might own; and

- \_\_\_\_\_ c) Selling, exchanging, buying or investing assets owned by me including but not limited to income producing and non-income producing assets; and
- \_\_\_\_\_ d) taking legal action on my behalf to collect debts or settle claims either for me or against me; and
- \_\_\_\_\_ e) entering into binding contracts on my behalf; and
- \_\_\_\_\_ f) maintaining, operating, selling any business that I may own; and
- \_\_\_\_\_ g) employing professional and business assistance including but not limited to attorneys, accountants and real estate agents; and
- \_\_\_\_\_ h) preparing, signing, filing, providing and obtaining information or documents with or from any governmental agency or body, including but limited to, income and other tax returns, military benefits, social security benefits or other insurance benefits
- \_\_\_\_\_ i) making gifts of my assets to family members or other persons or charitable organizations with whom I have established a pattern of giving so long as those gifts do not conflict with any will or other testamentary document that may be deemed applicable by the Court.
- \_\_\_\_\_ **2) The Agent shall have full authority and power to manage and make decisions related to my health and physical care including but not limited to:**
  - \_\_\_\_\_ a) The authority to grant permission to doctors, physicians or other medical professional to perform and/ or administer and medical attention, care or services that may be deemed necessary and appropriate by said doctor, physician or other medical professional; and
  - \_\_\_\_\_ b) The authority to admit me to a medical facility or other facility that may be necessary for my health and well-being so long as such admittance is not contrary to the advice of my treating physician or other medical professionals.

This document shall become effective (check the appropriate box):

- On the date that I am deemed to be incapacitated or disabled and no longer capable of having the ability to make informed financial, legal or medical decisions on my own by a treating physician or other medical professional or court of law.

OR

[ ] On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

This document shall be effective from the date or controlling event identified herein and shall remain in effect until my death. This General Power of Attorney may be revoked by me at any time by providing written notice to my Agent and the Court.

This General Power of Attorney is intended to survive my incapacity or disability. By signing this document I attest that I have read and understand the foregoing and further attest that I am of sound mind and therefore legally capable of executing this document.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Legal Name (please print)

\_\_\_\_\_  
Notary Public

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

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Full Legal Name (please print)

\_\_\_\_\_  
Notary Public

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

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Full Legal Name (please print)

\_\_\_\_\_  
Notary Public

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