

**MINNESOTA
POWER OF ATTORNEY
PACKAGE**

Control Number: MN-P024-PKG



U.S. Legal Forms™ thanks you for your purchase of a Power of Attorney Package. This package is an important tool to help you manage your finances and personal matters. The forms found in this package allow you to make decisions about your finances, healthcare, and the care of minor children

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I. FORM LIST

With your Power of Attorney package, you will find the state specific forms that will help you prepare for and protect yourself and your loved ones from events that may affect your health, finances and personal affairs.

Included in your package are the following forms:

- 1. Statutory General Power of Attorney with Durable Provisions
- 2. Power of Attorney for Care and Custody of Children
- 3. Health Care Directive as Living Will

II. DESCRIPTIONS OF FORMS

Brief descriptions of the forms contained in your U.S. Legal Forms™ Power of Attorney Package are found below.

Statutory General Power of Attorney – This Power of Attorney is a statutory form which means it has been approved by the state legislature. It provides for the appointment of an attorney-in-fact (agent) for various matters, including property, finances, real estate, business, banking, litigation and many more options.

Power of Attorney for Care and Custody of Children – This Power of Attorney is a form which provides for the appointment of an attorney-in-fact for the care of a child or children, including health care. This Power of Attorney form requires that the signature of the person giving another the power of attorney to be notarized.

Statutory Power of Attorney for Health Care – This is a statutory form, that is it provided for in the Minnesota Statutes, which allows you to appoint a health care agent to carry out your desires should you become unable to make important health care decisions for yourself and to make those specific health care instructions. The agent you appoint must follow the instructions stated in your health care directive and any other health care provider and/or family member involved in your health care must also follow such instructions. This form can also be used to limit or expand the powers given to your agent such as deciding whether to donate your bodily organs and tissues and whether to use burial or cremation methods upon your death. This form must be signed by two witnesses and/or by a notary public.

If you need additional information, please visit www.uslegalforms.com and look up forms by subject matter. You may also wish to visit our legal definitions page at <http://definitions.uslegal.com/>

IV. TIPS ON COMPLETING THE FORMS

The form(s) in this packet may contain “form fields” created using Microsoft Word or Adobe Acrobat (“.pdf” format). “Form fields” facilitate completion of the forms using your computer. They do not limit your ability to print the form “in blank” and complete with a typewriter or by hand.

It is also helpful to be able to see the location of the form fields. Go to the View menu, click on Toolbars, and then select Forms. This will open the Forms toolbar. Look for the button on the Forms toolbar that resembles a shaded letter “a”. Click this button and the form fields will be visible.

By clicking on the appropriate form field, you will be able to enter the needed information. In some instances, the form field and the line will disappear after information is entered. In other cases, it will not. The form was created to function in this manner.

V. DISCLAIMER

These materials were developed by U.S. Legal Forms, Inc. based upon statutes and forms for the subject state. All information and Forms are subject to this Disclaimer:

All forms in this package are provided without any warranty, express or implied, as to their legal effect and completeness. Please use at your own risk. If you have a serious legal problem, we suggest that you consult an attorney in your state. U.S. Legal Forms, Inc. does not provide legal advice. The products offered by U.S. Legal Forms (USLF) are not a substitute for the advice of an attorney.

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