## **OHIO STATUTORY FORM POWER OF ATTORNEY**

#### IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act (sections 1337.21 to 1337.64 of the Revised Code).

This power of attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a coagent in the Special Instructions. Coagents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

#### ACTIONS REQUIRING EXPRESS AUTHORITY

Unless expressly authorized and initialed by me in the Special Instructions, this power of attorney does not grant authority to my agent to do any of the following:

- 1. Create a trust;
- 2. Amend, revoke, or terminate an inter vivos trust, even if specific authority to do so is granted to the agent in the trust agreement;
- 3. Make a gift;
- 4. Create or change rights of survivorship;
- 5. Create or change a beneficiary designation;
- 6. Delegate authority granted under the power of attorney;
- 7. Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan;
- 8. Exercise fiduciary powers that the principal has authority to delegate.

CAUTION: Granting any of the above eight powers will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

#### **DESIGNATION OF AGENT**

I, \_\_\_\_\_ (Name of Principal) name the following person as my agent:

Name of Agent:

Agent's Telephone Number:

Agent's Address: \_\_\_\_\_

## **DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)**

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent:	
Successor Agent's Telephone Number:	
Successor Agent's Address:	
Name of 2 <sup>nd</sup> Successor Agent:	
2 <sup>nd</sup> Successor Agent's Telephone Number:	
2 <sup>nd</sup> Successor Agent's Address:	

## **GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act (sections 1337.21 to 1337.64 of the Revised Code):

(INITIAL each subject you want to include in the agent's general authority. (<u>If you wish to grant general</u> authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject. Document MUST be initialed.)

() 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 Beneficial Interests
() Claims and Litigation
() Personal and Family Maintenance
() Benefits from Governmental Programs or Civil or Military Service
() Retirement Plans
() Taxes
() Digital Assets
() All Preceding Subjects

## (\_\_\_\_) My agent shall have access to the content of electronic communications sent

or received by me.

## **LIMITATION ON AGENT'S AUTHORITY**

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

#### SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

## EFFECTIVE DATE

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

#### **NOMINATION OF GUARDIAN (OPTIONAL)**

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:

Name of Nominee for guardian of my estate: Nominee's Telephone Number:

Nominee's Address:

Name of Nominee for guardian of my person: Nominee's Telephone Number:

\_\_\_\_

Nominee's Address:

#### **RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my agent, 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.

## SIGNATURE AND ACKNOWLEDGMENT

Your Signature	// Date
Your Name Printed	( ) Your Telephone Number
Your Address	
State of Ohio	
County of	
This document was acknowledged	before me on/ (Date),
by	
by(Name of Principal).	
My commission expires:	Signature of Notary
~ 1 1	
This document prepared by:	

## **IMPORTANT INFORMATION FOR AGENT**

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

(1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;

(2) Act in good faith;

(3) Do nothing beyond the authority granted in this power of attorney;

(4) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consis-

tent with the principal's best interest;

(5) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

(1) Act loyally for the principal's benefit;

(2) Avoid conflicts that would impair your ability to act in the principal's best interest;

(3) Act with care, competence, and diligence;

(4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;

(5) Cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.

## Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) The death of the principal;
- (2) The principal's revocation of the power of attorney or your authority;
- (3) The occurrence of a termination event stated in the power of attorney;
- (4) The purpose of the power of attorney is fully accomplished;

(5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

## Liability of Agent

The meaning of the authority granted to you is defined in the Uniform Power of Attorney Act (sections 1337.21 to 1337.64 of the Revised Code). If you violate the Uniform Power of Attorney Act or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

## APPLICABLE OHIO LAW

#### Ohio Revised Code § 1337.27 Meaning and effect of power of attorney.

UNIFORM POWER OF ATTORNEY ACT

Article 1. GENERAL PROVISIONS

The meaning and effect of a power of attorney is determined by the law of the jurisdiction indicated in the power of attorney and, in the absence of an indication of jurisdiction, by the law of the jurisdiction in which the power of attorney was executed.

Added by 129th General Assembly File No.65, SB 117, §1, eff. 3/22/2012.

#### Ohio Revised Code § 1337.26 Validity of power of attorney.

UNIFORM POWER OF ATTORNEY ACT

Article 1. GENERAL PROVISIONS

(A) A power of attorney executed in this state on or after the effective date of this section is valid if its execution complies with section 1337.25 of the Revised Code.

(B) A power of attorney executed in this state before the effective date of this section is valid if its execution complied with the law of this state as it existed at the time of execution.

(C) A power of attorney executed other than in this state is valid in this state if, when the power of attorney was executed, the execution complied with the law of the jurisdiction that determines the meaning and effect of the power of attorney pursuant to section 1337.27 of the Revised Code or with the requirements for a military power of attorney pursuant to 10 U.S.C. 1044b.

(D) Except as otherwise provided by statute other than sections 1337.21 to 1337.64 of the Revised Code, a photocopy or electronically transmitted copy of an original power of attorney has the same effect as the original.

Added by 129th General Assembly File No.65, SB 117, §1, eff. 3/22/2012.

#### Ohio Revised Code § 1337.25 Execution of power of attorney.

UNIFORM POWER OF ATTORNEY ACT

Article 1. GENERAL PROVISIONS

A power of attorney must be signed by the principal or in the principal's conscious presence by another individual directed by the principal to sign the principal's name on the power of attorney. A signature on a power of attorney is presumed to be genuine if the principal acknowledges the signature before a notary public or other individual authorized by law to take acknowledgments.

Added by 129th General Assembly File No.65, SB 117, §1, eff. 3/22/2012.

### POWER OF ATTORNEY FOR CHILD CARE PURPOSES

I, the undersigned	parent of <u>Child's Name</u>	e, c	child's date of birth	_//
residing at Par	cent's address			,
in the county of _		_, State of Ohio, hereby appoint	Petitioner's Name	,
residing at	<b>Petitioner's Address</b>			,
in the country of		State of Obio to be my attorn	on in fact to exercise an	r and all of m

in the county of \_\_\_\_\_\_, State of Ohio, to be my attorney in fact to exercise any and all of my rights and responsibilities regarding the care, physical custody, and control of my above named child, except my authority to consent to marriage or adoption of the child, and to perform all acts necessary in the execution of the rights and responsibilities hereby granted, as fully as I might do if personally present. I appoint this person to be *in loco parentis* of my child.

The rights I am transferring under this power of attorney include the ability to enroll the child in school, to obtain from the school district educational and behavioral information about the child, to consent to all school-related matters regarding the child, to consent to the child's travel, and to consent to medical, psychological, or dental treatment for the child as well as determining the child's residence.

This transfer does not affect my rights in any future proceedings concerning the custody of the child or the allocation of the parental rights and responsibilities for the care of the child and does not give the attorney in fact legal custody of the child. This transfer does not terminate my right to have regular contact with the child. I hereby certify that I am transferring the rights and responsibilities designated in this power of attorney because of the following circumstances: I am in detention, about to be detained, incarcerated, or about to be incarcerated, and therefore am temporarily unable to provide financial support or parental guidance to the child. I have a well-founded belief that the power of attorney is in the child's best interest. In the event that a court of competent jurisdiction does review my child's custody and I unable to attend those hearings, I ask the court to consider this my approval of the designated attorney in fact as the proper, future legal custodian of my child. Both I and my attorney in fact understand that this document cannot be used for the purposes of transferring schools.

I have made reasonable efforts to locate and provide notice of the creation of this power of attorney to the other parent and have been unable to locate that parent.

This POWER OF ATTORNEY is valid until the (1) I revoke this POWER OF ATTORNEY in writing and give notice of the revocation to the person designated as attorney in fact or (2) the child ceases to reside with the person designated as attorney in fact or (3) this POWER OF ATTORNEY is terminated by court order or (4) the death of the child who is subject of the power of attorney or (5) the death of the person designated as the attorney in fact.

Signature of parent		-
Printed Name of Parent		_
Address of Parent		
Phone of Parent		
County of	)	
State of Ohio	) ss:	

Before me, a notary in and for the State of Ohio and County of \_\_\_\_\_\_, personally appeared the named \_\_\_\_\_\_ whose identity was proven to me by competent, credible, identification, who deposed, knowingly executed this document to authorize this attorney in fact change her child's custody, and stated that the same was her free act and deed this day, \_\_\_\_/ 20\_\_\_\_.

### POWER OF ATTORNEY TO AUTHORIZE CHILD TRAVEL BOTH DOMESTICALLY AND INTERNATIONALLY

I, the undersigned custodial parent of	, child's date of birth
/ residing at	
in the county of	, State of Ohio, hereby appoint,
residing at	,
in the county of	, State of Ohio, to be my attorney in fact to exercise any and all of my
rights and responsibilities regarding making	g or fulfilling any travel arrangements for my child, whether within the
State of Ohio, to and from others of the	United States and her territories, or for international travel and to perform
all acts necessary in the execution of the r	ights and responsibilities hereby granted, as fully as I might do if personal-
ly present.	
Check all that apply:	
My child IS a Citizen of the United St	tates of America.
My child IS NOT a Citizen of the Un	ited States of America.
My child IS a citizen of	
My child has a Passport issued by the	United States of America, number
My child has a Passport issued by	, number
tice of the revocation to the person design designated as attorney in fact or (3) this PO	ntil the (1) I revoke this POWER OF ATTORNEY in writing and give no- nated as attorney in fact or (2) the child ceases to reside with the person OWER OF ATTORNEY is terminated by court order or (4) the death of ttorney or (5) the death of the person designated as the attorney in fact.
Printed Name of ParentAddress of Parent	
County of	
State of Ohio	) ss: )

Before me, a notary in said County and State, personally appeared the named custodial parent,

whose identity was proven to me by competent, credible, identification, who deposed, knowingly executed this document to authorize this attorney in fact change her child's custody, and stated that the same was her free act and deed this day,  $\_\_/\_/20\_$ .

Notary Public



## POWER OF ATTORNEY

#### Know all men by these presents, that the undersigned does hereby make, constitute and appoint

LAST NAME	FIRST NAME	r and a	MI	
STREET ADDRESS	CITY	STATE	ZIP CODE	

My true and lawful attorney-in-fact for me and in my name, place and stead, to make and execute the assignment of or application for my Certificate of Title covering the following described motor vehicle, to-wit:

MAKE YEAR SERIAL NO.	
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And granting to my said attorney-in-fact full authority to do and perform all and every act and thing whatsoever, requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness whereof, the undersigned has caused his name to be subscribed hereto this

day of \_\_\_\_\_\_, 20\_\_\_\_.

SIGNATURE OF PERSON GIVING POWER OF ATTORNEY

SOCIAL SECURITY NUMBER OF BUYER/OWNER

who

#### ACKNOWLEDGEMENT

State of Ohio, County of	. Subscribed and sworn to before me a Notary Public in
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and for said County personally appeared

acknowledged the signing of the foregoing instrument and that such signing is his free act and deed.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal

this \_\_\_\_\_day of \_\_\_\_\_, 20 \_\_\_in the county of \_\_\_\_\_\_State of Ohio.

NOTARY PUBLIC

My commission expires

\_\_\_\_\_

## Durable Power of Attorney

County of	, and State of Ohio	o have made, constituted,	and
appointed, and by these p	resents do make, constitute and	appoint	
		, residing at	
, County of	, and St	ate of, as m	y true
and lawful attorney in fac	t for me in name and place and s	stead:	
exchange, encumber, leas real, personal or mixed, a transfers, leases, notes, m might do myself and will	ut and execute any and all contra se, or otherwise dispose of any pr and to execute the necessary or r nortgages, or conveyances, wheth full power of substitution and re- n fact does pursuant to the power ty:	roperty belonging to me, v required bills of sale, assign ner under seal or otherwis vocation and I hereby ratif	whethe nments e; as I Fy all
In Witness Hereo	f, I have hereunto set my hand th	nis day,	_, at
		County, O	

Signed

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STATE OF OHIO	}	
	}	SS:
COUNTY OF	}	

Before me, a Notary Public in and for said County and State, personally appeared the above named \_\_\_\_\_\_ who acknowledged that \_\_\_\_\_he did sign the foregoing instrument and that the same is h\_\_\_\_\_ own free act and deed.

In Testimony Hereof I have hereunto subscribed my name and affixed my Notarial Seal at \_\_\_\_\_\_, Ohio this day, \_\_\_\_\_\_, 20\_\_\_\_.

Notary Public

#### Ohio Revised Code § 1337.04 Recording of power of attorney.

A power of attorney for the conveyance, mortgage, or lease of an interest in real property must be recorded in the office of the county recorder of the county in which such property is situated, previous to the recording of a deed, mortgage, or lease by virtue of such power of attorney.

Effective Date: 10-01-1953.

# Ohio Revised Code § 1337.05 Revocation of power of attorney must be recorded.

No instrument containing a power of attorney for the conveyance, mortgage, or lease of an interest in real property, which has been recorded, will be revoked by any act of the person by whom it was executed, unless the instrument containing such revocation is also recorded in the same office in which the instrument containing the power of attorney was recorded.

Effective Date: 10-01-1953.

8/27/17