

# INDIANA LIMITED (SPECIAL) POWER OF ATTORNEY

I, \_\_\_\_\_ (the "Principal"), hereby appoint  
\_\_\_\_\_ (Agent Name) of  
\_\_\_\_\_ (Agent Address), as my Attorney-in-Fact (the "Agent") for the purposes expressed herein.

I hereby revoke any and all powers of attorney that previously have been signed by me only to the extent that any such power of attorney covers the same subject matter of this Limited Power of Attorney.

My Agent shall have full power and authority to act on my behalf but only to the extent permitted by this Limited Power of Attorney. My Agent's powers shall include the power to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

This Limited Power of Attorney goes into effect on \_\_\_\_\_ (mm/dd/yyyy).

I grant my Agent full authority to act in any reasonable and necessary manner for the purpose of exercising the above powers. I ratify all lawfully performed acts by my Agent in exercising those powers.

This Limited Power of Attorney is governed by the laws set forth under the State of Indiana.

This Limited Power of Attorney is effective upon execution. This Limited Power of Attorney may be revoked at any time by me, and shall automatically be revoked upon my death, provided any person relying on this Limited Power of Attorney shall have full rights to accept and reply upon authority of my Agent until in receipt of actual notice of revocation.



**PRINCIPAL SIGNATURE AND ACKNOWLEDGMENT**

Principal Signature: Cathie Chatsman Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**AGENT SIGNATURE AND ACKNOWLEDGMENT**

I, \_\_\_\_\_, the Agent named above, hereby accept my appointment as Agent in accordance with this Limited Power of Attorney.

Agent's signature: Harry Seamon Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

State \_\_\_\_\_

County \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_, as Principal of this Power of Attorney, I have reviewed the issued photo identification to be presented to the Notary Public and the foregoing instrument and acknowledged that \_\_\_\_\_



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

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

