

MINNESOTA POWER OF ATTORNEY WORKSHEET

The Power of Attorney (POA) covers legal and financial decisions. It allows you to name one or more agents to make decisions on your behalf. **The Agent must be over the age of eighteen (18).**

Your full name and address: _____
(first) (middle) (last)

Address: _____

Phone: _____

1. Name and address of agent:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Do you want your agent to be able to make gifts to themselves or to anyone they have a legal obligation to support? yes no

2. If the agent you named above is/are unable or unavailable to act, you may name an additional agent:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Do you want this agent to be able to make gifts to themselves or to anyone they have a legal obligation to support? yes no

3. If the agent you named above is/are unable or unavailable to act, you may name an additional agent:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Do you want this agent to be able to make gifts to themselves or to anyone they have a legal obligation to support? yes no

B. Do you want the POA to continue to be effective if you become incapacitated or incompetent?

yes

no

DATE

SIGNATURE