

POWER OF ATTORNEY (MANDATE)

STATE OF LOUISIANA

PARISH OF _____

I. IDENTIFICATION OF THE PARTIES

Principal (Person granting authority):

Full Name: _____

Address: _____

City, State, ZIP: _____

Mandatory (Person receiving authority):

Full Name: _____

Address: _____

City, State, ZIP: _____

II. GRANT OF AUTHORITY

I, _____, the undersigned Principal, appoint _____ as my
[Principal's Name] [Mandatory's Name]

Mandatory (**Agent**) to act on my behalf and exercise the following powers:

_____ **General Authority** – The Mandatory shall have full authority to act on my behalf in all financial, legal and personal matters.

_____ **Limited Authority** – The Mandatory shall have authority only for the following specific actions:

(Describe the specific actions the Mandatory is authorized to perform.)

III. DURABILITY

_____ **Durable Mandate** – This mandate shall remain in effect if I become incapacitated or disabled.

_____ **Non-Durable Mandate** – This mandate shall terminate if I become incapacitated or disabled.

IV. EFFECTIVE DATE

_____ **Immediate Effect** – This Mandate is effective immediately upon signing.

_____ **Springing Mandate**– This Mandate shall become effective only if I become incapacitated, as determined by a licensed physician.

V. SIGNATURES

I, the Principal, sign this Mandate of my own free will, fully understanding its terms and implications.

Principal's Signature: _____

Date: _____

VI. WITNESS ACKNOWLEDGMENT (Optional, but recommended)

Witness 1

Printed Name: _____

Signature: _____

Date: _____

Witness 2

Printed Name: _____

Signature: _____

Date: _____

VII. NOTARIZATION (Optional, but Required for Real Estate Authority)

State of Louisiana

Parish of _____

On this ____ day of _____, 20____, before me, the undersigned Notary Public personally appeared _____, who executed this mandate voluntarily and acknowledged its
[Principal's Name]
contents.

Notary Public Signature: _____

Printed Name: _____

Notary ID Number: _____

Commission Expires: _____