

# DURABLE POWER OF ATTORNEY AND MANDATE

United States of America  
State of Louisiana

Parish of \_\_\_\_\_

Be it known that on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

before me, a Notary Public duly qualified in and for the parish of Ascension and State of Louisiana, personally came and appeared.

\_\_\_\_\_ (“Principal”), a person of the full age of majority and a resident of the Parish of \_\_\_\_\_, State of Louisiana, who declared that his/her mailing address is:

\_\_\_\_\_ declared under oath that he/she appoints \_\_\_\_\_ (“Agent”) to be Principal’s Mandatory and Attorney-in-Fact, with full power and authority to act for, in the name of, and on behalf of Principal, to execute all acts necessary or deemed by Agent to be appropriate to represent Principal, including but not limited to the following:

- Banks and other financial institutions
- Email and other Internet accounts
- Tangible personal property

This document is specifically a durable mandate to survive the Principal into mental incapacity.

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

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

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Agent Signature

Sworn to and subscribed before me on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

## WITNESSES

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
(Signature)

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

## NOTARY

\_\_\_\_\_  
William Pittman  
Notary Printed Name  
William Pittman, Notary Public  
ID # 87375

\_\_\_\_\_  
Notary Signature