

STATUTORY SHORT FORM POWER OF ATTORNEY
MINNESOTA STATUTES, SECTION 523.23

Before completing and signing this form, the principal must read and initial the IMPORTANT NOTICE TO THE PRINCIPAL that appears after the signature lines in this form. Before acting on behalf of the principal, the attorney(s)-in-fact must sign this form acknowledging having read and understood the IMPORTANT NOTICE TO THE ATTORNEY(S)-IN-FACT that appears after the notice to the principal

PRINCIPAL (Name and address of person granting the power)

Robert Edward Burton
MCF-Faribault 1101 Linden Ln
Faribault, Mn 55021

ATTORNEY(S)-IN-FACT
(Names and Addresses)

Rachel Kay Stanton
2154 Hastings Ave
Suite 200
Newport, Mn 55055

SUCCESSOR ATTORNEY(S)-IN-FACT
(Optional) To act if any named attorney-in-fact dies, resigns or is otherwise unable to serve.

(Name and Address)
First Successor

Second Successor

NOTICE: If more than one attorney-in-fact is designated to act at the same time, make a check or "x" on the line in front of one of the following statements:

_____ Each attorney-in-fact may independently exercise the powers granted.

_____ All attorneys-in-fact must jointly exercise the powers granted.

EXPIRATION DATE (Optional)

_____ Use specific month, day and year only

I (the above named Principal), appoint the above named Attorney(s)-in-fact to act as my attorney(s) in fact:

FIRST: To act for me in any way I could act with respect to the following matters, as each of them is defined in Minnesota Statutes, section 523.24:

(To grant the attorney-in fact any of the following powers, make a check or "x" on the line in front of each power being granted. You may, but need not, cross out each power not granted. Failure to make a check or "x" on the line in front of the power will have the effect of deleting the power unless the line in front of the power (N) is checked or x-ed.)

Check or "x"

(A) Real property transactions;

I choose to limit this power to real property in _____ County, MN
described as follows: (use legal description. Do not use address.)

(If more space is needed, continue on the back or on an attachment.)

(B) Tangible personal property transactions;

(C) Bond, share, and commodity transactions;

(D) Banking transactions;

(E) Business operating transactions;

(F) Insurance transactions;

(G) Beneficiary transactions;

(H) Gift transactions;

(I) Fiduciary transactions;

(J) Claims and litigations;

(K) Family maintenance;

(L) Benefits from military service;

(M) Records, reports, and statements;

(N) All of the powers listed in (A) through (M) above and all other matters other than health care decisions under a health care directive that complies with Minnesota Statutes, chapter 145C.

SECOND: (you must indicate below whether or not this power of attorney will be effective if you become incapacitated or incompetent. Make a check or "x" on the line in front of the statement that expresses you intent.)

This power of attorney shall continue to be effective if I become incapacitated or incompetent.

This power of attorney **shall not** be effective if I become incapacitated or incompetent.

THIRD: My attorney(s)-in-fact MAY NOT make gifts to the attorney(s)-in-fact, or anyone the attorney-in-fact is legally obligated to support, UNLESS I have made a check or an "x" on the line in front of the second statement below and I have written in the name(s) of the attorney(s)-in-fact. The second option allows you to limit the gifting power to only the attorney(s)-in-fact you name in the statement. Minnesota Statutes, section 523.24, subdivision 8, clause (2), limits the annual gift(s) made to my attorney(s)-in-fact, or to anyone the attorney(s)-in-fact are legally obligated to support, to an amount, in the aggregate, that does not exceed the federal annual gift tax exclusion amount in the year of the gift.

X I do not authorize any of my attorney(s)-in-fact to make gifts to themselves or to anyone the attorney(s) in fact have a legal obligation to support.

I _____ authorize _____ (write in names), as my attorney(s)-in-fact, to make gifts to themselves or to anyone the attorney(s)-in-fact have a legal obligation to support.

FOURTH: (you may indicate below whether or not the attorney-in-fact is required to make an accounting. Make a check or "x" on the line in front of the statement that expresses your intent.)

X My attorney-in-fact need not render an accounting unless I request it or the accounting is otherwise required by Minnesota Statutes, section 523.21.

_____ My attorney-in-fact must render _____ (Monthly, Quarterly, Annual) accountings to me, or _____ (Name and Address) during my lifetime, and a final accounting to the personal representative of my estate, if any is appointed, after my death.

IN WITNESS WHEREOF, I have hereunto signed my name this 25th day of July 20 16

Robert E. Burton
(Signature of Principal)

(Acknowledgment of Principal)

STATE OF MINNESOTA)
) ss.
COUNTY OF RICE)

The foregoing instrument was acknowledged before me this 25th day of JULY 20 16, by ROBERT BURTON
(Insert name of principal)

[Signature]
Signature of Notary Public or other official

