

**POWER OF ATTORNEY
(LIMITED PURPOSE)**

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions for you (the principal) and to act on your behalf concerning the limited purpose described below in the Grant of Authority. You should select someone you trust to serve as your agent.

Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This power of attorney does not authorize the agent to make health care decisions for you.

If you have questions about this power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, _____ (name of Principal),
name the following person as my agent:

Name of agent: _____

Agent's address: _____

Agent's telephone number: _____

GRANT OF AUTHORITY

I grant my agent the authority to act as my true and lawful agent and in my name, place, and stead for my sole use and benefit, with full power and authority to do and perform each and every act necessary, as fully as I might do if personally present to accomplish and complete the following act or transaction: *(Describe in detail the act or transaction, including the specific responsibilities and limitations allowed to perform the act or transaction.)*

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant **MAY NOT** use this power of attorney to benefit the agent or a person to whom the agent owes an obligation of support. The authority granted in this power of attorney is limited to the act or transaction described in this document.

SPECIAL INSTRUCTIONS

You may give special instructions on the following lines:

EFFECTIVE DATE AND TERMINATION

INSTRUCTIONS: Choose the effective date of this power of attorney by initialing either (A) or (B). If neither is initialed, this power of attorney will be effective immediately. Initial (C) if you would like this power of attorney to automatically expire upon completion of its purpose, without any action on your part.

- _____ (A) This power of attorney is effective immediately and is not affected by my subsequent incapacity.
- _____ (B) This power of attorney becomes effective upon my subsequent incapacity.
- _____ (C) This power of attorney shall automatically expire by its own terms upon completion of the limited purpose set forth herein.

RELIANCE ON THIS POWER OF ATTORNEY

I, with full power of revocation, ratify and confirm all that my agent shall lawfully do or cause to be done by virtue of this power of attorney and the powers contained herein. Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Date _____

Signature of Principal _____

Print your name: _____

Address: _____

Your telephone number: _____

State of _____

County of _____

This Power of Attorney was acknowledged before me on _____, (date) by _____ (Name of Principal)

Signature of notary _____

My commission expires: _____

**AGENT'S CERTIFICATION AS TO THE VALIDITY OF
POWER OF ATTORNEY AND AGENT'S AUTHORITY**

State of _____

County of _____

I, _____ (Name of Agent), certify under penalty of perjury that _____ (Name of Principal) granted me authority as an agent or successor agent in a power of attorney dated _____.

I further certify that to my knowledge:

(1) The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(4) _____

(Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Date

Agent's signature

Print agent's name: _____

Agent's Address: _____

Agent's telephone number: _____

State of _____

County of _____

This document was acknowledged before me on _____, (date) by _____ (Name of Agent)

Signature of notary

My commission expires: _____