

Power of Attorney – Limited

Note: Rules regarding the legal sufficiency of a power of attorney vary by state. Please consult your state rules and have the form reviewed by a lawyer in your state regarding additional language, witness signatures, and notary requirements.

I _____ the undersigned do hereby make, constitute and appoint _____ as my attorney-in-fact who shall have full power and authority to undertake and perform only the following acts on my behalf:

(Insert specific matters for which power of attorney is being used)

- (I) _____
- (II) _____
- (III) _____

1. This Power of Attorney is effective immediately and will continue until I revoke it.

Or

2. This Power of Attorney shall be effective on the date of _____. This Power of Attorney shall terminate on the date of _____, unless I revoke it sooner. I may at any time or by manner revoke this Power of Attorney.

3. This Power of Attorney (will or will not) continue to be effective even though I become incapacitated.

4. This Power of Attorney shall be governed by the State of _____

Witness

Signed this _____ day of _____, 20____

Grantor

Print Name

Notary Public

(SEAL)