

**POWER OF ATTORNEY**

**(LIMITED)**

KNOW ALL BY THESE PRESENTS, that I, \_\_\_\_\_, of  
the \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_, reposing  
special trust and confidence in \_\_\_\_\_, of the \_\_\_\_\_ County  
of \_\_\_\_\_, State of \_\_\_\_\_, have made, constituted and appointed, and by these presents  
do make, constitute and appoint the said \_\_\_\_\_ my true and lawful  
attorney to act for me and in my name, place and stead, and 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 to wit:

- \*This Power of Attorney shall not be affected by disability of the principal.
- \*This Power of Attorney shall become effective upon the disability of the principal.
- \*This Power of Attorney shall automatically expire by its own terms upon completion of the limited purpose set forth above.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

STATE OF \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss. \_\_\_\_\_  
Principal

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
by \_\_\_\_\_, the Principal.

Witness my hand and official seal. \_\_\_\_\_  
Notary

My commission expires:

\*Strike according to fact.

\_\_\_\_\_  
Specimen Signature of Agent (Attorney)

