

LIMITED POWER OF ATTORNEY

NOTICE TO PRINCIPAL

This document authorizes another person to act for you only for the specific matters stated below. It does not authorize health-care decisions. Read the completed document before signing and use the signing formalities required by the state whose law governs this power of attorney.

1. Principal and Agent

Principal: _____ [Enter the Principal's full legal name]

Principal address: _____ [Enter the Principal's full residential or mailing address]

_____ [Enter the Principal's full residential or mailing address]

Agent: _____ [Enter the Agent's full legal name]

Agent address: _____ [Enter the Agent's full residential or mailing address]

_____ [Enter the Agent's full residential or mailing address]

Agent telephone or email: _____ [Enter the Agent's current contact information]

2. Appointment

I, the Principal identified above, appoint the Agent identified above as my attorney-in-fact to act for me solely within the authority stated in this Limited Power of Attorney. The Agent may sign and deliver documents in my name only when reasonably necessary to carry out that authority.

3. Limited Purpose

Purpose: _____ [Describe the single transaction, matter, or objective for which authority is granted]

Relevant property, account, claim, or document: _____ [Identify the subject matter precisely, including numbers or addresses when appropriate]

4. Specific Authority Granted

The Agent may perform only the acts stated here:

Authorized acts: _____ [List each act the Agent may perform; attach a signed description only if more space is required]

_____ [List each act the Agent may perform; attach a signed description only if more space is required]

_____ [List each act the Agent may perform; attach a signed description only if more space is required]

_____ [List each act the Agent may perform; attach a signed description only if more space is required]

Incidental authority is limited to acts reasonably necessary to complete the authorized acts and does not expand the purpose of this document.

5. Excluded Authority

Unless expressly and specifically included in Section 4 and permitted by applicable law, the Agent may not make gifts; change beneficiary designations or survivorship rights; create, amend, revoke, or terminate a trust; delegate authority; disclaim property; amend or revoke a will; make health-care decisions; or use my property for the Agent's own benefit.

Additional restrictions: _____ [State any dollar limit, prohibited act, recipient limitation, or other restriction; enter None if there are no additional restrictions]

_____ [State any dollar limit, prohibited act, recipient limitation, or other restriction; enter None if there are no additional restrictions]

6. Effective Date

This Limited Power of Attorney becomes effective when I sign it, unless a later date or event is stated below.

Later effective date or event: _____ [Enter the later date or clearly verifiable event, or enter None]

7. Duration and Incapacity

Expiration: _____ [Enter the expiration date, completion event, or other terminating condition]

Effect of incapacity: _____ [Enter Durable if this authority will continue despite later incapacity, or Non-durable if it will terminate upon incapacity]

If Durable is entered above, this Limited Power of Attorney will not be affected by my subsequent incapacity to the fullest extent permitted by governing law. If Non-durable is entered above, it will terminate upon my incapacity.

8. Agent's Duties

The Agent shall:

- a. act in good faith, within the authority granted, and in accordance with my reasonable expectations if known;
- b. act loyally for my benefit and avoid conflicts of interest that impair impartial action;
- c. exercise reasonable care, competence, and diligence;
- d. keep my property separate from the Agent's property; and
- e. keep a record of receipts, disbursements, and transactions made under this document.

9. Compensation and Reimbursement

Compensation: _____ [Enter No compensation, or describe the agreed compensation]

The Agent may be reimbursed from my property for reasonable expenses properly incurred in carrying out the authority granted.

10. Third-Party Reliance

A person may rely on an original or copy of this Limited Power of Attorney to the extent permitted by applicable law, unless that person has actual knowledge that it has been revoked or terminated or that the Agent is exceeding the authority granted.

11. Revocation and Termination

I may revoke this Limited Power of Attorney by a signed written notice delivered to the Agent and, when appropriate, to any person relying on it. It also terminates upon the earliest of: the expiration or completion stated in Section 7; my death; the Agent's resignation, incapacity, or death when no successor is appointed; or any other event required by governing law. Revocation or termination does not undo an act properly taken before the Agent or relying person had actual knowledge of it.

12. Successor Agent

Successor Agent: _____ [Enter the successor Agent's full legal name, or enter None]

Successor Agent address and contact information: _____ [Enter the full address and telephone or email, or enter None]

_____ [Enter the full address and telephone or email, or enter None]

The successor Agent may act only if the original Agent is unable or unwilling to serve and has the same limited authority and duties stated in this document.

13. Governing Law

Governing state: _____ [Enter the U.S. state or District of Columbia whose law will govern]

This Limited Power of Attorney is governed by the law of the jurisdiction entered above, including its rules for execution, witnessing, notarization, and acceptance.

14. Copies and Severability

A photocopy or electronic copy may be relied upon as if it were an original to the extent permitted by applicable law. If any provision is unenforceable, the remaining provisions remain effective to the fullest extent permitted by law.

15. Principal's Signature

I understand the authority granted by this document and sign it voluntarily. I revoke any earlier power of attorney only to the extent that it grants authority over the same specific matter described here.

_____ [Enter the date signed]

Principal's signature

Date

Principal's printed name: _____ [Print the Principal's full legal name]

16. Witnesses

Each witness states that the Principal signed or acknowledged this document in the witness's presence, appeared to act voluntarily, and appeared to have capacity. A witness should not be the Agent or another person disqualified under governing law.

_____ [Enter the date signed]

Witness 1 signature

Date

Witness 1 printed name and address: _____ [Print the witness's full legal name and address]

_____ [Print the witness's full legal name and address]

_____ [Enter the date signed]

Witness 2 signature

Date

Witness 2 printed name and address: _____ [Print the witness's full legal name and address]

_____ [Print the witness's full legal name and address]

NOTARIAL ACKNOWLEDGMENT

State: _____ [Enter the state of notarization]

County: _____ [Enter the county or equivalent jurisdiction]

This record was acknowledged before me on _____ [Enter the date of acknowledgment] by
_____ [Enter the Principal's full legal name].

_____ [Enter the date signed]

Signature of Notary Public or other authorized officer

Date

Printed name and title: _____ [Enter the officer's printed name and official title]

Commission expiration: _____ [Enter the commission expiration date, if applicable]

Official seal: _____ [Affix the official seal if required]

17. Agent's Acceptance

I accept appointment as Agent. I understand that I must act only within the authority granted, act in the Principal's best interest, preserve records, and stop acting when this Limited Power of Attorney terminates or when I learn that it has been revoked.

_____ [Enter the date signed]

Agent's signature

Date

Agent's printed name: _____ [Print the Agent's full legal name]

This document does not constitute legal advice. Consult a qualified legal professional for advice about specific circumstances and the execution requirements of the governing jurisdiction.