

# Limited Power of Attorney

BE IT ACKNOWLEDGED that I, \_\_\_\_\_  
Full Name  
\_\_\_\_\_, hereby known as the "Principal," assign  
social security number  
limited and specific power to \_\_\_\_\_ of  
Full Name  
\_\_\_\_\_  
Address Phone  
referred to as my "Authorized Representative".

The Authorized Representative shall have the full authority to carry out the following actions on my behalf:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The authority includes any incidental actions reasonably necessary to perform these specified powers. The Authorized Representative agrees to accept this appointment and perform these duties consistent with my best interests, as deemed fit under their discretion.  
This authority becomes effective upon signing.

## Revocation Clause

This authority may be rescinded by any of the following actions:

### (Initial and Check the Box if Applicable)

\_\_\_\_\_  - By the Principal, at any time, through written Revocation.

\_\_\_\_\_  - Upon completion of the specific one-time authority or duty granted above.

\_\_\_\_\_  - On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

This authorization is automatically revoked upon my death or incapacitation. Any person relying on this authorization is entitled to accept and act on the authority granted until receiving actual notice of revocation.

**State Jurisdiction.** This authorization is governed by the laws of the State of

\_\_\_\_\_.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

### ACCEPTANCE OF APPOINTMENT

I, \_\_\_\_\_, the authorized representative named above, accept the appointment as indicated in this document.

\_\_\_\_\_  
**Authorized Representative's Signature**

\_\_\_\_\_  
Authorized Representative's Printed Name

### WITNESSES

We, the undersigned witnesses, declare in the presence of the Principal that the Principal voluntarily signed and executed this document as their Authorization in our presence. We sign this document at the request of the Principal and in their presence. To the best of our knowledge, the Principal is over eighteen years of age, of sound mind, and under no undue influence.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness Print Name

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness Print Name

\_\_\_\_\_  
City, State & Zip Code

## ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF \_\_\_\_\_

\_\_\_\_\_ County, ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that he executed the same as his free act and deed.

\_\_\_\_\_  
Notary Public  
My commission expires:\_\_\_\_\_