

**Limited Power of Attorney**

I, \_\_\_\_\_ of \_\_\_\_\_ (City), \_\_\_\_\_ (State),  
appoint \_\_\_\_\_ of \_\_\_\_\_ (City), \_\_\_\_\_ (State),  
as my attorney-in-fact to act on my behalf for the purpose(s) of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This power of attorney starts to be effective on \_\_\_\_\_, and shall continue until \_\_\_\_\_ . I grant my attorney-in-fact full authority to act in any reasonable and necessary manner for the purpose of exercising the above powers. I ratify all lawfully performed acts by my attorney-in-fact in exercising those powers. I agree that any third party who is given a copy of this power of attorney may act relying on it. I agree that revocation of this power of attorney is effective as to a third party only upon receipt of actual notice by the third party. If because of reliance on this power of attorney, a third party suffers any loss; I agree to indemnify the third party for the loss.

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

\_\_\_\_\_

Signature of \_\_\_\_\_, Principal

By accepting this appointment and acting under it, the attorney-in-fact (agent) assumes the legal responsibilities of an agent.

Signature of \_\_\_\_\_, Attorney-in-Fact

Witness the following signature and seal, this \_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Principal: \_\_\_\_\_

Signature of Appointee: \_\_\_\_\_

NOTARY PUBLIC WITNESS

STATE OF: \_\_\_\_\_ CITY OF \_\_\_\_\_, I,  
the undersigned, a Notary Public in and for the City and State aforesaid, do certify that  
\_\_\_\_\_ whose name is signed to the foregoing Limited Power of  
Attorney, bearing date of this day of \_\_\_\_\_, 20\_\_ , has acknowledged the  
same before me in my City and State aforesaid. Given under my hand this \_\_day  
of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_

MY COMMISSION EXPIRES: