POWER OF ATTORNEY – LIMITED

(Note: Rules regarding 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.)

1. I, [INSERT NAME and ADDRESS] the undersigned hereby make, constitute and appoint [INSERT NAME and ADDRESS] 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]

4. This Power of Attorney is effective immediately and will continue until I revoke it. [OR]
5. This Power of Attorney shall be effective on the date of [INSERT DATE].

This Power of Attorney shall terminate on the date of [INSERT DATE], unless I revoke it sooner. I may at any time or by any manner revoke this Power of Attorney.

1. This Power of Attorney [WILL OR WILL NOT] continue to be effective even though I become incapacitated.
2. This Power of Attorney shall be governed by the State of [INSERT STATE].

Signed this day of , .

(Your signature)

(Your Social Security number)

State of , County of , USA