

LIMITED POWER OF ATTORNEY

I, _____, residing at _____, _____, _____,
_____ (“Principal”) hereby grant a limited power of attorney to _____ of
_____, _____, _____, _____ as my Attorney-in-Fact
 (“Agent”) for the purposes expressed herein.

Said Agent shall have the power and authority to perform only the following acts on my behalf:

- 1.
- 2.
- 3.

This Limited Power of Attorney shall commence on _____.

I grant my Attorney-in-Fact to exercise the aforementioned acts in a reasonable and necessary manner. I affirm the performed acts as legal in implementing said powers. My Attorney-in-Fact accepts the terms and conditions set forth herein and agrees to perform the powers in my best interests.

This Limited Power of Attorney may be nullified under the following grounds: *(check one)*

- Through a Revocation by the Principal.
- When one (1) of the aforementioned acts has been completed.
- On _____.

This Limited Power of Attorney may be revoked by me at any time and shall be automatically revoked upon the time of incapacity or death, given that a person who is reliant to this Limited Power of Attorney accepts the authority that the Attorney-in-Fact possesses.

This Limited Power of Attorney shall be governed by the State laws of _____.

PRINCIPAL'S NAME

DATE

ACCEPTANCE OF APPOINTMENT

I hereby accept the appointment as Attorney-in-Fact in accordance with the abovementioned instrument.

AGENT'S NAME

ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE

COUNTY

On this _____, _____ appeared before me and proved to me through government-issued identification to be the above-named person, who executed the aforementioned instrument and acknowledged that the act is carried out voluntarily.

NOTARY PUBLIC'S NAME

DATE

SEAL