

RECORDING REQUESTED BY

\_\_\_\_\_

MAIL TO ADDRESS

\_\_\_\_\_

**Limited Power of Attorney**

I, \_\_\_\_\_ (AKA \_\_\_\_\_ ) 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

Signature of Attorney-in-Fact

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

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