# TENNESSEE LIMITED (SPECIAL) POWER OF ATTORNEY

COUNTY OF
I,, the undersigned, being a resident of County,
Tennessee, hereby appoint, to be my attorney-in-fact to act in my name in any way for which I could act for myself with respect to the following matters.
(Check if applicable. Strike out if not.)
☐ I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney giver or empowering another agent to act as my true and lawful attorney in fact. I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.
This Power of Attorney is limited in nature and only grants such powers upon the happening of a specified event.
1. Temporary authority regarding these matters is being given to the designated attorney in fact ONLY upon the occurrence of (check at least one):  the signing of this Power of Attorney  my subsequent disability or incapacity  the date
2. Temporary authority is limited in nature solely to the powers I have designated below.



3. The undersigned being first duly sworn says: (Initial all that apply)
I also give to such person full power to appoint another to act as my attorney-in-fact and full power to revoke such appointment.
The powers herein granted shall be deemed continuing and relate as fully to any property which I may hereafter acquire as to any property which I may now own and may be exercised repeatedly. The powers herein granted shall exist to their full extent in any jurisdiction, including any State of the United States of America and in any foreign country where such powers may be necessary. The powers herein granted shall exist to their full extent regardless of my whereabouts within or without the United States of America.
<u>Durability</u> (Initial one and strike out the other)
DURABLE Power of Attorney. This power of attorney shall not be affected by subsequent disability or incapacity of the principal.
REGULAR Power of Attorney. This power of attorney shall terminate if the principal becomes disabled or incapacitated.
SIGNATURE AND ACKNOWLEDGMENT OF PRINCIPAL
I declare under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct.
Your Signature Date
Your Name Printed:
Your Address:
Your Telephone Number:



STATE OF TENNESSEE	)	
COUNTY OF	_)	
	Date:	
Principal		
The Principal,, 20	, personally appeared befor	e me this day of
NOTARY PUBLIC		
My commission expires:		



#### IMPORTANT INFORMATION FOR AGENT

## **Agent's Duties**

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by	(Your Signature) as Agent
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Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

# **Termination of Agent's Authority**

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

### **Liability of Agent**

The meaning of the authority granted to you is defined in the Tennessee Code Annotated, Title 34, Chapter 6. If you violate the Tennessee Code Annotated, Title 34, Chapter 6, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.



# AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of Tennessee					
County of					
	(Name of Agent), certify under penalty of perjury that(Name of Principal) granted me authority as an agent or successor ag				
in a power of attorney dated _			, ,		
I, further certify that to my kno	owledge:				
• •	•	•	or my authority to act under the tunder the power of attorney have not		
(2) If the power of attorney was contingency, the event or con	tingency has occurred;	·	ne happening of an event or er able or willing to serve; and		
(4)		-	er able of willing to serve, and		
(Insert other relevant statements)					
SIG	NATURE AND ACKNO	WLEDGMEN	T OF AGENT		
Agent's Signature					
Agent's Name Printed:					
Agent's Address:			_		
Agent's Telephone Number: _					
This document was acknowle			(Name of Agent)		
	(2 3.15); 2 3	<del></del>	(		
Signature of Notary					
(Seal, if any)					
My commission expires:					

