**Limited Power of Attorney**

Be it known that

I, do hereby [Legal Name], AKA [Name]

A resident of [City][State]

Located at [Address]

[City], [State] [Zip Code]

Do Hereby Appoint [Legal Name]

A resident of [City][State]

Located at [Address]

[City], [State] [Zip Code]

As my attorney-in-fact to act on my behalf for the following specific and limited purpose(s):

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

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This power of attorney is to start to be effective on \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_, and shall remain effective until \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_.

I hereby give and grant the above listed attorney-in-fact full power and authority to do and perform all and whatever is necessary to be done in and about the specific and limited premises that are set forth above. I ratify and confirm all that said attorney shall lawfully do or cause to be done by the virtue hereof.

This Power of Attorney shall be governed by the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Signature

By accepting this appointment and acting under it, I the attorney-in-fact (“Agent”) do hereby assume the legal responsibilities of an agent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Attorney-in-Fact

WITNESS 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_