**POWER OF ATTORNEY**

BE IT ACKNOWLEDGED that I, [PRINCIPAL NAME], the “Principal”, do hereby grant a limited and specific power of attorney to [ATTORNEY-IN-FACT NAME], of [ATTORNEY-IN-FACT ADDRESS], as my “Attorney-in-Fact”.

**Powers**. Said Attorney-in-Fact shall have full power and authority to undertake and perform only the following acts on my behalf:

[LIST ACT(S)].

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein. My Attorney-in-Fact agrees to accept this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests. This Power of Attorney is effective upon execution.

**Revocation**. This Power of Attorney shall automatically revoke upon my death or incapacitation, and shall revoke upon any of the following circumstances: (initial and check all that apply)

[INITIALS] [ ]  - When the act(s) designated above have been completed.

[INITIALS] [ ]  - On [MM/DD/YYYY] (mm/dd/yyyy).

[INITIALS] [ ]  - Other: [OTHER].

**State Law**. This Power of Attorney is governed by the laws of the State of [STATE NAME].

**Principal’s Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Signing Date: [MM/DD/YYYY]

**WITNESS ACKNOWLEDGMENT**

Witness 1 Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Signing Date: [MM/DD/YYYY]

Witness 2 Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Signing Date: [MM/DD/YYYY]

**NOTARY ACKNOWLEDGMENT**

STATE OF [NOTARY STATE]

COUNTY OF [NOTARY COUNTY]

On [MM/DD/YYYY] before me appeared [PRINCIPAL NAME], as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that he executed the same as his free act and deed.

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 **Notary Public**

 My commission expires: [MM/DD/YYYY]