

POWER OF ATTORNEY

BE IT ACKNOWLEDGED that I, _____ (Name), the "Principal", do hereby grant a limited and specific power of attorney to _____ (Name), of _____ (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:

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)

- _____ ☐ - When the act(s) designated above have been completed.
_____ ☐ - On _____ (mm/dd/yyyy).
_____ ☐ - Other: _____.

State Law. This Power of Attorney is governed by the laws of the State of _____.

Principal's Signature: _____ **Signing Date:** _____

WITNESS ACKNOWLEDGMENT

Witness 1 Signature: _____ **Signing Date:** _____

Witness 2 Signature: _____ **Signing Date:** _____

NOTARY ACKNOWLEDGMENT

STATE OF _____
COUNTY OF _____

On _____, before me appeared _____, 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.

Notary Public

My commission expires: _____