

LIMITED POWER OF ATTORNEY

BE IT ACKNOWLEDGED that I, Richard Farnsworth (principal name), with a social security number of XXX-XX-XXX (SSN), the "Principal", do hereby grant a limited and specific power of attorney to Vinay Morrison (agent name) of 1234 Street Lane, El Dorado, Arkansas 71731 (address) with a phone number of +1(870)321-1234 (phone) as my "Attorney-in-Fact".

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

1. Closing the sale of the residential property @ 412 Duplex Street, El Dorado AR 71731
2. Deposit the funds from the sale to my savings account, #12345678
3. _____
4. _____
5. _____

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 interest, as my Attorney-in-Fact in its discretion deems advisable. This power of attorney is effective upon execution.

This power of attorney may be revoked by any of the following:

(Initial and Check All Applicable Box(es))

RF - By the Principal at any time by signing a Revocation.

RF - When the act(s) designated above have been completed.

_____ - On the _____ day of _____, 20____.

This power of attorney form shall automatically be revoked upon my death or incapacitation, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my Attorney-in-Fact until in receipt of actual notice of revocation.

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

Signed this 15th day of August, 2030.

Richard Farnsworth
Principal's Signature

Richard Farnsworth
Principal's Print Name

ACCEPTANCE OF APPOINTMENT

I, Vinay Morrison the attorney-in-fact named above, hereby accept appointment as attorney-in-fact in accordance with the foregoing instrument.

Vinay Morrison
Attorney-in-Fact's Signature

Vinay Morrison
Attorney-in-Fact's Printed Name

WITNESSES

We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument as his Power of Attorney in the presence of each of us, that he signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the principal and in his presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Witness Sign _____ Address

Witness Print Name _____ Code

Witness Signature _____ Address

Witness Print Name _____ City, State & Zip Code

Not required in AR per § 28-68-105

ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF _____

COUNTY _____

On this _____ day of _____, 20____, before me appeared _____ of Attorney who proved to me through government issued photo identification _____, in my presence executed foregoing instrument and acknowledged _____ as free act and deed.

To be completed by a Notary Public ONLY

Notary Public

My commission expires: _____