TEXAS LIMITED POWER OF ATTORNEY

(principal name),
(SSN), the "Principal", do hereby
(agent
(address) with a
e) as my "Attorney-in-Fact".
authority to undertake and perform
are reasonably required to carry out ttorney-in-Fact agrees to accept this erform in said fiduciary capacity its discretion deems advisable. This owing:
able Boxes)
vocation
vocation.
n completed.

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.

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Signed on	(mm/dd/yyyy).
	Principal's Signature
	Principal's Printed Name
AC	CEPTANCE OF APPOINTMENT
	, the Attorney-in-Fact named above, hereby ey-in-Fact in accordance with the foregoing instrument.
Attorney-in-Fact's Signature	<u> </u>
Attorney-in-Fact's Printed Nar	me
ACKNO	WLEDGMENT OF NOTARY PUBLIC
STATE OF	
COUNTY	
me through government issue	(mm/dd/yyyy), before me appeared, as Principal of this power of attorney who proved to ed photo identification to be the above-named person, who in my bing instrument and acknowledged that he executed the same as
	Notary Public
	My commission expires:

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