

# Limited (Special) Power of Attorney

Date:

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I, (Full Name of Principal):

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Address:

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hereby appoint (Full Name of Attorney-in-Fact):

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Address of Attorney-in-Fact:

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to act for me specifically and only for the following purposes:

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Additional Limitations or Instructions:

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This power of attorney shall be effective on:

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and will expire on:

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IN WITNESS WHEREOF, I have hereunto set my hand this day:

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Principal's Signature

Attorney-in-Fact's Signature

## Acknowledgment (Optional, for Notary)

State of:

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County of:

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On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared:

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Notary Public:

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