

# Limited Power of Attorney

## Personal Law

### LIMITED POWER OF ATTORNEY

Notice: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you may be giving another person, your attorney-in-fact, broad powers to handle your finances and property. This limited power of attorney may give the person whom you designate (your "attorney-in-fact") broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. **THE POWERS WILL NOT EXIST AFTER YOU BECOME DISABLED, OR INCAPACITATED.** This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your limited power of attorney, you must complete a new document and revoke this one. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document is invalid. Since some 3rd parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact that you appoint is reliable, trustworthy and competent to manage your affairs. This form must be signed by the Principal (the person appointing the attorney-in-fact), witnessed by someone other than the notary public, and acknowledged by a notary public.

I, \_\_\_\_\_, of \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_, as Principal, grant a limited and specific power of attorney to \_\_\_\_\_, of \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_, to act as my attorney-in-fact and to have the full power and authority to perform only the following acts on my behalf to the same extent that I could do so personally if I were personally present, with respect to the following matter to the extent that I am permitted by law to act through an agent:

If the attorney-in-fact named above is unable or unwilling to serve, then I appoint \_\_\_\_\_, of \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_, to be my attorney-in-fact for all purposes hereunder.

To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney.

This power of attorney shall not be effective in the event of my future disability or incapacity. This limited grant of authority does not authorize my attorney-in-fact to make any decisions regarding my medical or health care. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall

# 4 forms

- Use to grant authority to another party to act on your behalf in specific circumstances
- Not valid if you become incapacitated
- Step-by-step instructions
- Easy to understand language - no "legalese"

Content by  
**Nova Publishing**  
Valid in all States!

Use this power of attorney if...  
 You wish to grant someone authority to handle specific financial affairs, but NOT if you become incapacitated.



# Limited Power of Attorney

# INSTRUCTIONS FOR LIMITED POWER OF ATTORNEY

A power of attorney form is a document which is used to allow one person to give authority to another person to act on their behalf. The person signing the power of attorney grants legal authority to another to "stand in their shoes" and act legally for them. The person who receives the power of attorney is called an attorney-in-fact. This title and the power of attorney form does not mean that the person receiving the power has to be a lawyer. Power of attorney forms can be used to authorize someone to sign certain documents if you cannot be present when the signatures are necessary or to perform any act if you cannot be present when the act is necessary. If your business is a corporation or partnership, you cannot validly give another person a power of attorney to act on behalf of the business unless such a grant of authority has been approved by either the corporation's board of directors or by the other partners.

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I, \_\_\_\_\_, of \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_, as Principal, grant a limited and specific power of attorney to \_\_\_\_\_, of \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_, to act as my attorney-in-fact and to have the full power and authority to perform only the following acts on my behalf to the same extent that I could do so personally if I were personally present, with respect to the following matter to the extent that I am permitted by law to act through or agent:

\_\_\_\_\_

If the attorney-in-fact named above is unable or unwilling to serve, then I appoint \_\_\_\_\_ of \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_, to be my attorney-in-fact for all purposes hereunder:

\_\_\_\_\_

To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney.

This power of attorney shall not be effective in the event of my future disability or incapacity. This limited grant of authority does not authorize my attorney-in-fact to make any decisions regarding my medical or health care. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services hereunder.

This particular document provides for a limited grant of authority to another person to act as your attorney-in-fact. It should be used only if you need to authorize another to act for you in a specific manner or to perform a specific action. The specific type of acts that you authorize the other person to perform should be spelled out in detail to avoid confusion. If desired, the dates when the power of attorney will be valid may also be specified. The authority granted by this power of attorney may be revoked by you at any time and is automatically revoked if you die or become incapacitated or incompetent. If you wish the powers to be valid even if you are incapacitated or incompetent, you must use a "durable" power of attorney. This document does not authorize the appointed attorney-in-fact to make any decisions relating to medical or health care. If you wish to authorize someone to make health care decisions for you if you become incapacitated or incompetent, you must use a "health care" power of attorney or a "health care proxy". The signing of this form must be notarized and must also be witnessed by another person (who is not the notary public). There is also a signature space to be completed by the person that is appointed as the "attorney-in-fact". If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

To complete this form, fill in the following:

1. Name of person granting power (principal)
2. Address of principal
3. City of principal
4. State of principal
5. Name of person granted power (attorney-in-fact)
6. Address of attorney-in-fact
7. City of attorney-in-fact
8. State of attorney-in-fact
9. Detailed description of exact powers granted (for example: "authority only to complete a real estate closing for property located at 100 Main Street, Centerville, IL, on the date of August 15, 2006")
10. Name of successor to person originally granted power (successor attorney-in-fact) (optional-if not used, write "N/A" in space)
11. Address of successor attorney-in-fact (optional-if not used, write "N/A" in space)
12. City of successor attorney-in-fact (optional-if not used, write "N/A" in space)
13. State of successor attorney-in-fact (optional-if not used, write "N/A" in space)
14. Date
15. Printed name of principal
16. Date of signing of power of attorney
17. Signature of principal (signed in front of Notary Public)
18. Printed name of witness
19. Signature of witness (signed in front of Notary Public)

The following should be completed by the Notary Public:

- |                                        |                                           |
|----------------------------------------|-------------------------------------------|
| 20. State where document is notarized  | 25. Signature of Notary Public            |
| 21. County where document is notarized | 26. County of Notary Public               |
| 22. Name of principal                  | 27. State of Notary Public                |
| 23. Name of witness                    | 28. Date Notary Public commission expires |
| 24. Date when document is notarized    | 29. Seal of Notary Public                 |

The following should be completed by the person you have appointed as attorney-in-fact. (signature need not be notarized)

- |                                   |                              |
|-----------------------------------|------------------------------|
| 30. Signature of attorney-in-fact | 31. Name of attorney-in-fact |
|-----------------------------------|------------------------------|

This publication is designed to provide accurate and authoritative information regarding the subject matter covered. It is sold with the understanding that the publisher and author are not engaged in rendering legal, accounting, or other professional services. If legal advice or other expert assistance is required, the services of a competent professional person should be sought.

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This power of attorney shall not be effective in the event of my future disability or incapacity. This limited grant of authority does not authorize my attorney-in-fact to make any decisions regarding my medical or health care. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall

my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence. My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable. This grant of authority shall include the power and authority to perform any incidental acts which may be reasonably required in order to perform the specific acts stated above.

Dated: \_\_\_\_\_

### Signature and Declaration of Principal

I, \_\_\_\_\_, the principal, sign my name to this power of attorney this \_\_\_\_\_ day of \_\_\_\_\_ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

\_\_\_\_\_  
Signature of Principal

### Witness Attestation

I, \_\_\_\_\_, the witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

\_\_\_\_\_  
Signature of Witness

### Notary Acknowledgment

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_, the Principal, and subscribed and sworn to before me by \_\_\_\_\_, the witness, this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Notary Public,  
In and for the County of \_\_\_\_\_ State of \_\_\_\_\_

My commission expires: \_\_\_\_\_ Seal

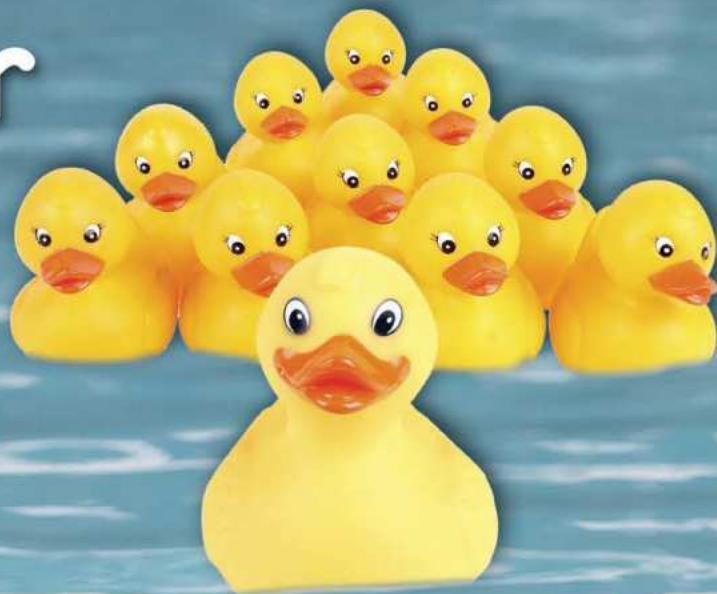
### Acceptance of Appointment as Attorney-in-Fact

I accept my appointment as Attorney-in-Fact.

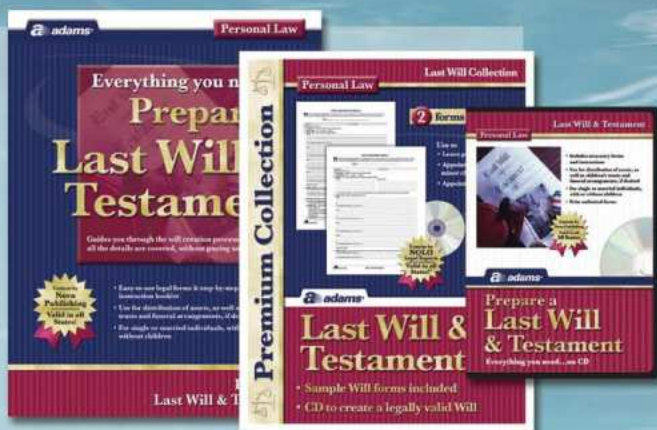
\_\_\_\_\_  
Signature of Attorney-in-Fact

\_\_\_\_\_  
Printed Name of Attorney-in-Fact

# Got all your DUCKS in a row?



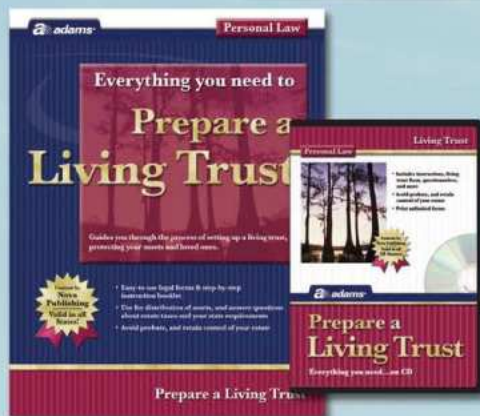
Protect your family  
and your assets!



## Last Will & Testament

Use for distribution of assets, as well as children's trusts and funeral arrangements, if desired.

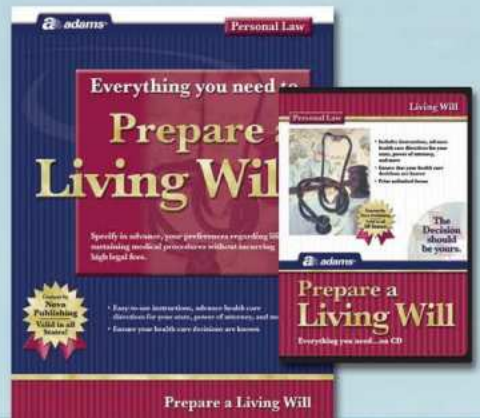
Available on CD, in a kit, and a Premium Collection with form & CD



## Living Trusts

Avoid probate, and retain control of your estate. Use for distribution of assets, and answer questions about estate taxes and your state requirements.

Available on CD and in a kit



## Living Wills

Ensure your health care decisions are known. Includes advance health care directives for your state, power of attorney, and more.

Available on CD and in a kit

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