

Prepared by, recording requested by and  
return to:

Name:

Company:

Address:

City:

State:

Zip:

Phone:

Fax:

-----Above this Line for Official Use Only-----

The information above is provided in the event this form is to be recorded.

### LIMITED POWER OF ATTORNEY

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENT, THAT I \_\_\_\_\_,  
whose address is \_\_\_\_\_, \_\_\_\_\_ (City),  
\_\_\_\_\_ (State), \_\_\_\_\_ (Zip), "Principal", have made, constituted and  
appointed, and by these presents do make, constitute and appoint,  
\_\_\_\_\_ my true and lawful attorney in fact to act with the following  
limited powers, to wit:

*Insert powers here. See examples at the end of this form*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FURTHER, I do authorize my aforesaid attorney-in-fact to execute, acknowledge and deliver any instrument under seal or otherwise, and to do all things necessary to carry out the intent hereof, hereby granting unto my said attorney-in-fact full power and authority to act in and concerning the premises as fully and effectually as I may do if personally present, limited, however, to the purpose for which this limited power of attorney is executed.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney-in-fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "attorney-in-fact".

I further declare that any act or thing lawfully done hereunder and within the powers

herein stated by my said attorney shall be binding on myself and my heirs, legal and personal representatives and assigns, whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney.

This Power of Attorney shall be:

- ( ) Non-Durable.  
( ) Durable and shall not be affected by any subsequent disability or incompetence.

Third parties may rely upon the representations of the agents as to all matters relating to any power granted to them hereunder, and no person who may act in reliance upon the representations of the agent or the authority granted to it shall incur any liability to the principal or his estate as result of permitting the agent to exercise any power.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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**PRINCIPAL**

ATTESTATION

The hereinafter named Witnesses, each declare under penalty of perjury under the laws of the State of Mississippi, that the principal is personally known to us, that the principal signed and acknowledged this limited power of attorney in our presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that we are not the person appointed as attorney-in-fact by this document and that we witnessed this power of attorney in the presence of the principal. We are not related to the principal by blood, marriage or adoption, and to the best of our knowledge, are not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

WITNESSES:

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

WITNESSES:

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for said county and state, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, within my jurisdiction, the within named \_\_\_\_\_, who acknowledged that (he/she/they) executed the above and foregoing instrument.

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

Printed Name: \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

Principal Name and Address	Attorney-in-Fact Name and Address
Name:	Name:
Address:	Address:
City:	City:
State:                      Zip:	State:                      Zip:
Phone:	Phone: