

LIMITED POWER OF ATTORNEY

I, _____ of _____, do confer limited power of attorney on _____, of _____, as the true and lawful attorney for me and in my name, place and stead, and for my use and benefit regarding: _____.

Said attorney-in-fact shall not be limited or restricted by the foregoing specifications of the situation. The rights, powers and authority of said attorney-in-fact granted in this instrument shall commence and be in full force and effect on _____ (month & day) _____ (year) and such rights, powers and authority shall remain in full force and effect thereafter until I, _____, give notice in writing that such power is terminated. This Power of Attorney conferred upon the aforementioned shall not be affected by any subsequent disability or incapacity that may befall me.

FURTHERMORE, upon a finding of incompetence by a court of appropriate jurisdiction, this Power of Attorney shall be irrevocable until such time as said court determines that I am no longer incompetent.

Signature

I, _____, whose name is signed to the foregoing instrument, having been duly qualified according to the law, do hereby acknowledge that I signed and executed this Power of Attorney; that I am of sound mind; that I am eighteen (18) years of age or older; that I signed it willingly and am under no constraint or undue influence; and that I signed it as my free and voluntary act for the purpose therein expressed.

Signature

My commission expires on _____

Notary Public

Seal: