

Power of Attorney for Finances (Limited Power)

I, _____ [your name], of _____ [your city and state], appoint
_____ [name of your attorney-in-fact] to act in my place for the
purposes of:

This power of attorney takes effect on _____ and shall continue until
terminated in writing or until _____, whichever comes first.

I grant my attorney-in-fact full authority to act in any manner both proper and necessary
to the exercise of the foregoing powers, and I ratify every act that my attorney-in-fact
may lawfully perform in exercising those powers.

I agree that any third party who receives a copy of this document may act under it.
Revocation of the power of attorney is not effective as to a third party until the third party
has actual knowledge of the revocation. I agree to indemnify the third party for any
claims that arise against the third party because of reliance on this power of attorney.

Signed: This _____ day of _____, ____.

State of: _____ County of: _____

Signature: _____, Principal

Social Security number: _____

Witnesses

On the date written above, the principal declared to me that this instrument is his or her
financial power of attorney and that he or she willingly executed it as a free and voluntary
act. The principal signed this instrument in my presence.

Witness 1

Signature: _____

Name: _____

Address: _____

Witness 2

Signature: _____

Name: _____

Address: _____

Certificate of Acknowledgment of Notary Public

State of _____)
) ss
County of _____)

On _____, before me, _____, a notary public in and for said state, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same in his or her authorized capacity and that by his or her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public for the State of _____
My commission expires _____

[NOTARY SEAL]

Acknowledgment of Attorney-in-Fact

By accepting or acting under the appointment, the attorney-in-fact assumes the fiduciary and other legal responsibilities and liabilities of an agent.

Name of Attorney-in-Fact: _____

Signature of Attorney-in-Fact: _____