

RECORDING REQUESTED BY

MAIL TO ADDRESS

Limited Power of Attorney

I, _____ (AKA _____) of _____ (city),
_____ (state), appoint _____ of _____ (city),
_____ (state), as my attorney-in-fact to act on my behalf for the purpose(s) of:

This power of attorney starts to be effective on _____, and shall continue until
_____.

I grant my attorney-in-fact full authority to act in any reasonable and necessary manner for the purpose of exercising the above powers. I ratify all lawfully performed acts by my attorney-in-fact in exercising those powers.

I agree that any third party who is given a copy of this power of attorney may act relying on it. I agree that revocation of this power of attorney is effective as to a third party only upon receipt of actual notice by the third party. If because of reliance on this power of attorney, a third party suffers any loss, I agree to indemnify the third party for the loss.

Signed this _____ day of _____, _____ .

State of _____

Signature of _____, Principal

Signature of Attorney-in-Fact

By accepting this appointment and acting under it, the attorney-in-fact (agent) assumes the legal responsibilities of an agent.

Signature of _____, Attorney-in-Fact