

Special Power of Attorney

Date: [Insert Date]

Principal:

[Your Full Name]

[Your Address]

[City, State, ZIP Code]

Attorney-in-Fact:

[Attorney's Full Name]

[Attorney's Address]

[City, State, ZIP Code]

I, [Your Full Name], hereby appoint [Attorney's Full Name] as my true and lawful Attorney-in-Fact to act in my name and on my behalf in the following matters:

- To represent me in all legal matters.
- To execute, sign, and deliver any documents necessary.
- To manage and oversee any legal proceedings and negotiations.

This Power of Attorney is granted for the following purpose(s): [Insert Purpose].

This Special Power of Attorney shall become effective immediately and shall remain in effect until [Insert Expiration Date or Condition].

In witness whereof, I have hereunto set my hand this [Insert Day] day of [Insert Month], [Insert Year].

Principal's Signature: _____

Witness Signature: _____

Witness Name: [Insert Witness Name]

Notary Public:

State of [Insert State]

County of [Insert County]

Subscribed and sworn to before me this [Insert Day] day of [Insert Month], [Insert Year].

Notary Signature: _____

Notary Seal: