

Limited Power of Attorney

Principal: [Your Full Name]

Address: [Your Address]

City, State, Zip: [Your City, State, Zip]

Date: [Date]

To Whom It May Concern,

I, [Your Full Name], hereby appoint [Agent's Full Name] as my attorney-in-fact to act on my behalf in the following matters:

- [Specific Task 1]
- [Specific Task 2]
- [Specific Task 3]

This limited power of attorney shall be effective from [Start Date] until [End Date], unless revoked by me in writing.

IN WITNESS WHEREOF, I have hereunto set my hand this [Day] day of [Month, Year].

Signature of Principal: _____

Printed Name: [Your Printed Name]

Witness: _____

Printed Name of Witness: [Witness Name]