

SPECIAL POWER OF ATTORNEY

I, _____(1)_____, of _____(2)_____, hereby appoint
_____(3)_____ of _____(4)_____, as my attorney
in fact to act in my capacity to do any and all of the following:

(DESCRIBE THE EXTENT OF AUTHORITY YOU ARE GIVING TO YOUR ATTORNEY-
IN-FACT)

The rights, powers, and authority of my attorney in fact to exercise any and all of the
rights and powers herein granted shall commence and be in full force and effect on
_____(5)_____, _____(6)_, and shall remain in full force and effect until _____
(7)_____ or unless specifically extended or rescinded earlier by either party.

Dated _____(8)_____, _____(9)_.

_____(10)_____

STATE OF _____(11)_____

COUNTY OF _____(12)_____

BEFORE ME, the undersigned authority, on this _(13)_ day of _____(14)_____, 19
(15), personally appeared _____(16)_____ to me well known to be the person
described in and who signed the Foregoing, and acknowledged to me that he executed the same
freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

_____(17)_____
NOTARY PUBLIC

My Commission Expires: __ (18) ____

NOTICE

The information in this document is designed to provide an outline that you can follow
when formulating business or personal plans. Due to the variances of many local, city, county
and state laws, we recommend that you seek professional legal counseling before entering into
any contract or agreement.