

POWER OF ATTORNEY

(LIMITED)

KNOW ALL BY THESE PRESENTS, that I, _____, of
the _____ County of _____, State of _____, reposing
special trust and confidence in _____, of the _____ County
of _____, State of _____, have made, constituted and appointed, and by these presents
do make, constitute and appoint the said _____ my true and lawful
attorney to act for me and in my name, place and stead, and for my sole use and benefit, with full power and authority to
do and perform each and every act necessary, as fully as I might do if personally present, to accomplish and complete the
following act or transaction to wit:

- *This Power of Attorney shall not be affected by disability of the principal.
- *This Power of Attorney shall become effective upon the disability of the principal.
- *This Power of Attorney shall automatically expire by its own terms upon completion of the limited purpose set forth above.

EXECUTED this _____ day of _____, 20 _____.

STATE OF _____ }
County of _____ } ss. _____
Principal

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____.
by _____, the Principal.

Witness my hand and official seal. _____
Notary

My commission expires:

*Strike according to fact.

Specimen Signature of Agent (Attorney)

