

ARIZONA LIMITED POWER OF ATTORNEY

1. CHECK MARK ONE (1) TYPE OF POWER OF ATTORNEY:

___ Limited Regular Power of Attorney (has a beginning and end date), OR

___ Limited Durable Power of Attorney (ends upon Principal's death or revocation)

2. IDENTIFY the Principal and Attorney-in-Fact(s):

Principal:

Name _____
Address of Residence _____
City _____
State _____
Zip Code _____
Date of Birth _____

Agent /Attorney-In-Fact:

Name _____
Address of Residence _____
City _____
State _____
Zip Code _____
Date of Birth _____

(If applicable)

Co-Agent /Co-Attorney-In-Fact:

Name _____
Address of Residence _____
City _____
State _____
Zip Code _____
Date of Birth _____

Agents I designated above must act jointly separately.

(If applicable)

I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given or empowering another agent to act as my true and lawful attorney in fact. I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.



3. IDENTIFY the Successor Agent(s)/Attorney-in-Fact(s): (Optional)

If my agent(s)/ attorney-in-fact(s) is unable or unwilling to act for me, I name as my successor agent / attorney-in-fact:

Name of Successor Agent / Attorney-in-Fact: _____
Successor Agent's / Attorney-in-Fact Address: _____
Successor Agent's / Attorney-in-Fact Telephone Number: _____

If my successor agent / attorney-in-fact is unable or unwilling to act for me, I name as my second successor agent / attorney-in-fact:

Name of Second Successor Agent / Attorney-in-Fact: _____
Second Successor Agent's / Attorney-in-Fact Address: _____
Second Successor Agent's / Attorney-in-Fact Telephone Number: _____

4. SPECIFY the Specific Authority you wish to grant to the Agent(s)/Attorney-in-Fact(s):

Principal, an individual, hereby appoints the above-named Agent(s)/Attorney-in-Fact(s) to act in name and place of Principal to perform the following specific matters:

This authority is confined strictly to the acts specified here and does not extend to any other acts. It will be valid for the period stated in the Effective Date section, unless I have stated otherwise in a subsequent legal document or in the Special Instructions of this document.

5. CHECK the ONE type of Power of Attorney that applies to you. Complete the information asked for in the Section.

Limited Regular Power of Attorney – Has beginning and ending dates.

Effective Date

This power of attorney is effective (Check one):

- immediately
- on _____, 20__
- upon the occurrence of the following event or contingency: _____

(If applicable)

This power of attorney will remain in effect until (Check one):



_____, 20__, unless earlier revoked or terminated by the specific conditions stated in the Termination.

the occurrence of the following condition:
_____, unless earlier revoked or terminated by the specific conditions stated in the Termination.

_____, 20__, or upon the occurrence of the following condition:
_____, whichever occurs earlier, unless earlier revoked or terminated by the specific conditions stated in the Termination.

Termination

This power of attorney will automatically terminate upon the earliest of the following:

1. Completion of the specified act or transaction for which this power of attorney was granted.
2. A specific date or event as mentioned in the 'Effective Date' section of this document.
3. My revocation of this power of attorney in writing or the agent dies, becomes incapacitated, or resigns and the power of attorney does not provide for another agent to act under the power of attorney
4. My death.

Limited Durable Power of Attorney – Has a beginning effective date and lasts until the death of the Principal or until revocation.

Effective Date

This power of attorney is effective (Check one):

- immediately
- on _____, 20__
- upon the occurrence of the following event or contingency: _____
- upon the incapacity of the principal

(If applicable)

This power of attorney will remain in effect until (Check one):

_____, 20__, unless earlier revoked or terminated by the specific conditions stated in the Termination.

the occurrence of the following condition:
_____, unless earlier revoked or terminated by the specific conditions stated in the Termination.

_____, 20__, or upon the occurrence of the following condition:
_____, whichever occurs earlier, unless earlier revoked or terminated by the specific conditions stated in the Termination.



Termination

This power of attorney will automatically terminate upon the earliest of the following:

1. Completion of the specified act or transaction for which this power of attorney was granted.
2. A specific date or event as mentioned in the 'Effective Date' section of this document.
3. My revocation of this power of attorney in writing or the agent dies, becomes incapacitated, or resigns and the power of attorney does not provide for another agent to act under the power of attorney
4. My death.
5. Upon my disability or incapacity, if the power of attorney is not durable.

Manner of Revocation: The Principal may revoke this document in writing at any time before the expiration date for no reason or for cause, or if the Attorney-in-Fact(s) exceeds or violates the scope and authority granted by this document. *If the Principal becomes disabled or incapacitated, the Attorney-in-Fact(s) may continue acting as such despite the disability, incapacity or the expiration date.*

6. COMPENSATION of Attorney-in-Fact(s): None.

7. SIGNATURES.

For Principal:

I, _____, the principal, sign my name to this power of attorney this ____ day of _____ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney, and that as required by A.R.S. § 14-5501, I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Principal's Signature

(If applicable)

by:

Representative's Name Printed: _____

Representative's Signature _____

signing on behalf of:

Principal's Name Printed: _____



Principal's Address: _____

Principal's Telephone Number: _____

For Witness:

I, _____, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority the principal signs and executes this instrument as the principal's power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal sign this power of attorney as witness to the principal's signing, and to the best of my knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness

8. NOTARIZATION.

For Notary:

The State of _____

County of _____

Subscribed, sworn to or affirmed, and acknowledged before me by _____, the principal, and subscribed and sworn to or affirmed before me by _____, witness, this _____ day of _____.

(notary seal)

(Notary Public)



IMPORTANT INFORMATION FOR AGENT(S)

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

Liability of Agent

The meaning of the authority granted to you is defined in the Arizona Revised Statutes, Title 14, Chapter 5, Article 5. If you violate the Arizona Revised Statutes, Title 14, Chapter 5, Article 5, or act outside the authority granted, you may be liable for any damages caused by your violation.



If there is anything about this document or your duties that you do not understand, you should seek legal advice.

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of _____
County of _____

I, _____ [Name of Agent], certify under penalty of perjury that _____ [Name of Principal] granted me authority as an agent or successor agent in a power of attorney dated _____.

I, further certify that to my knowledge:

(1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(4) _____
_____ [Insert other relevant statements]

(If applicable)

State of _____
County of _____

I, _____ [Name of Co-agent], certify under penalty of perjury that _____ [Name of Principal] granted me authority as an agent or successor agent in a power of attorney dated _____.

I, further certify that to my knowledge:

(1) The Principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and



(4) _____
_____ [Insert other relevant statements]

SIGNATURE AND ACKNOWLEDGMENT OF AGENT(S)

Agent's Signature _____ Date _____

Agent's Name Printed: _____

Agent's Address: _____

Agent's Telephone Number: _____

(If applicable)

Co-agent's Signature _____ Date _____

Co-agent's Name Printed:

Co-agent's Address:

Co-agent's Telephone Number:

NOTARY PUBLIC

State of _____

County of _____

This document was acknowledged before me on _____, by _____ [Name of Agent].

Signature of Notary _____

(Seal, if any)

My commission expires: _____

This document prepared by: _____

(If applicable)

State of _____

County of _____

This document was acknowledged before me on _____, by _____ [Name of Co-agent].



Signature of Notary _____
(Seal, if any)

My commission expires: _____

This document prepared by: _____

