

State of Georgia

GEORGIA LIMITED (SPECIAL) POWER OF ATTORNEY

State of Georgia

County of _____

This power of attorney authorizes another person(s) (your agent(s)) to make decisions concerning your property for you (the principal). Your agent(s) will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in O.C.G.A. Chapter 6B of Title 10.

This power of attorney does not authorize the agent(s) to make healthcare decisions for you.

You should select someone you trust to serve as your agent. The agent's authority will commence and terminate as specifically stated in this document, reflecting the limited and specific nature of the tasks for which this power of attorney is enacted.

Your agent(s) is not entitled to any compensation unless you state otherwise in the Special Instructions. Your agent(s) shall be entitled to reimbursement of reasonable expenses incurred in performing the acts required by you in your power of attorney.

This form provides for the designation of two agents. If you wish to name more than two agents, you may name the additional agents in the Special Instructions. Coagents will not be required to act together unless you include that requirement.

If your agent(s) is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

If you have questions about the power of attorney or the authority you are granting to your agent(s), you should seek legal advice before signing this form.

DESIGNATION OF AGENT(S)

I _____ [Name of Principal] name the following person(s) as my agent(s):

Name of agent: _____

Agent's address: _____

Agent's telephone number: _____

Agent's email address: _____



(If applicable)

Name of co-agent: _____

Co-agent's address: _____

Co-agent's telephone number: _____

Co-agent's email address: _____

Agents I designated above must act jointly separately.

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: _____

Successor agent's address: _____

Successor agent's telephone number: _____

Successor agent's email address: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of second successor agent: _____

Second successor agent's address: _____

Second successor agent's telephone number: _____

Second successor agent's email address: _____

(If applicable)

I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given or empowering another agent(s) 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.

GRANT OF SPECIFIC AUTHORITY

I, _____ [Name of Principal], grant _____
[Name of Agent(s)] specific authority to act for me and in my name, in any way which I could do if present:

My agent(s) has the authority to act on my behalf for the following:

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.



LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant SHALL NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

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

Regular Limited Power of Attorney. 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.

Durable Limited Power of Attorney. This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time but 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.

Any action taken by the agent under this power of attorney before its termination in reliance upon it will be valid unless the third party knew or should have known of the termination.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for guardian of my estate: _____

Nominee's address: _____

Nominee's telephone number: _____

Name of nominee for guardian of my person: _____

Nominee's address: _____

Nominee's telephone number: _____

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent(s), may rely upon the validity of this power of attorney or a copy of it unless that person has actual knowledge it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT OF PRINCIPAL



Principal Signature: _____ Date: _____

(If applicable)

by:

Representative's Name Printed: _____

Representative's Signature _____

signing on behalf of:

Principal Name Printed:

Principal Address:

Principal Telephone Number:

This document was signed or acknowledged in my presence on

_____ by _____
Date Name of principal/representative

Witness's signature **Witness's name**

Witness's address

City State

Witness's telephone number **Witness's e-mail address**

NOTARY PUBLIC

State of _____

County of _____



This document was signed or acknowledged in my presence on _____,

by _____.

Signature of Notary

(Seal, if any)

My commission expires: _____

This document prepared by: _____



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
- (6) 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 your authority or the power of attorney;



(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 Official Code of Georgia Annotated Chapter 6B of Title 10. If you violate the Official Code of Georgia Annotated Chapter 6B or Title 10 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 signed or acknowledged in my presence on _____,

by _____

Signature of Notary

(Seal, if any)

My commission expires: _____

This document prepared by: _____

(If applicable)

State of _____

County of _____

This document was signed or acknowledged in my presence on this _____,

by _____

Signature of Notary

(Seal, if any)

My commission expires: _____

This document prepared by: _____

