

State of Kansas

KANSAS LIMITED (SPECIAL) POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE LIMITED AND SPECIFIC. THEY ARE EXPLAINED IN THE KANSAS POWER OF ATTORNEY ACT, CHAPTER 58, ARTICLE 6 OF THE KANSAS STATUTES.

IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE.

THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTHCARE DECISIONS FOR YOU.

YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

(If applicable)

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 I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

DESIGNATION OF ATTORNEY(S) IN FACT

I, _____ [Name of Principal] of _____
[Address] appoint _____ [Name of Attorney in Fact] of _____
_____ [Address], and _____
[Optional Name of Co-attorney In Fact] _____
[Address] as my attorney(s) in fact to act for me and in my name in any lawful way.

(If applicable)

Attorney(s) in fact must act jointly separately.

(Check if applicable. Strike out if not.)

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 I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

DESIGNATION OF SUCCESSOR ATTORNEY(S) IN FACT (OPTIONAL)

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

Name of Successor Attorney in fact: _____

Successor Attorney in fact's Address: _____

Successor Attorney in fact's Telephone Number: _____



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

Name of Second Successor Attorney in fact: _____

Second Successor Attorney in fact's Address: _____

Second Successor Attorney in fact's Telephone Number: _____

GRANT OF SPECIFIC AUTHORITY

I grant my attorney(s) in fact and any successor attorney(s) in fact specific authority to act for me with respect to the following subjects as defined in Chapter 58, Article 6 of the Kansas Statutes:

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 ATTORNEY IN FACT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY 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)

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS:

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.

SIGNATURE AND ACKNOWLEDGMENT OF PRINCIPAL

Principal Signature: _____ Date: _____

(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:

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____

County of _____

This document was acknowledged before me on this _____ day of _____, 20__

by _____ [Name of Principal/Representative].

(Seal, if any)

(Signature of Notary)

Notary Public for the State of _____
My commission expires: _____

This document prepared by: _____



IMPORTANT INFORMATION FOR ATTORNEY(S) IN FACT

Attorney in fact'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 attorney in fact whenever you act for the principal by writing or printing the name of the principal and signing your own name as "attorney in fact" in the following manner:

_____ (Principal's Name) by _____ (Your Signature) as Attorney in fact

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 Attorney in fact'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 Attorney in fact

The meaning of the authority granted to you is defined in the Kansas Power of Attorney Act, Chapter 58, Article 6. If you violate the Kansas Power of Attorney Act, Chapter 58, Article 6, 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.



**ATTORNEY IN FACT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND
ATTORNEY IN FACT'S AUTHORITY**

State of _____

County of _____

I, _____ [Name of Attorney in Fact], certify under penalty of perjury that
_____ [Name of Principal] granted me authority as an attorney in fact or
successor attorney in fact 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 attorney in fact, the prior attorney in fact is no longer able or willing to serve; and
- (4) _____

_____ [Insert other relevant statements]

(If applicable)

State of _____

County of _____

I, _____ [Name of Co-attorney in Fact], certify under penalty of perjury that
_____ [Name of Principal] granted me authority as an attorney in fact or
successor attorney in fact 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 attorney in fact, the prior attorney in fact is no longer able or willing to serve; and
- (4) _____

_____ [Insert other relevant statements]

SIGNATURE AND ACKNOWLEDGMENT OF ATTORNEY(S) IN FACT

Attorney in Fact's Signature: _____

Date: _____



Attorney in Fact's Name Printed:

Attorney in Fact's Address:

Attorney in Fact's Telephone Number:

(If applicable)

Co-attorney in Fact's Signature: _____

Date: _____

Co-attorney in Fact's Name Printed:

Co-attorney in fact's Address:

Co-attorney in fact's Telephone Number:

NOTARY PUBLIC

State of _____

County of _____

This document was acknowledged before me on _____, by
_____ [Name of Attorney in Fact].

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-attorney in Fact].

Signature of Notary _____



(Seal, if any)

My commission expires: _____

This document prepared by: _____

