

State of Louisiana

# LOUISIANA LIMITED (SPECIAL) POWER OF ATTORNEY

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STATE OF LOUISIANA  
PARISH OF \_\_\_\_\_

**NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE LIMITED AND SPECIFIC. THEY ARE EXPLAINED IN THE LOUISIANA CIVIL CODE, TITLE XV, CHAPTER 2. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

## DESIGNATION OF AGENT(S)

I, \_\_\_\_\_ [Name of Principal], appoint the following person(s) as my as my agent(s) (attorney(s)-in-fact):

Name of Agent: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_

(If applicable)

Name of Coagent: \_\_\_\_\_

Coagent's Address: \_\_\_\_\_

Coagent's Telephone Number: \_\_\_\_\_

If I have designated more than one agent, the agents are to act  jointly  separately.

## DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent(s) 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: \_\_\_\_\_

If my successor agent is unwilling or unable 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: \_\_\_\_\_

## GRANT OF SPECIFIC AUTHORITY

I grant my agent(s) and any successor agent(s) specific authority to act for me in any lawful way with respect to the following subjects:



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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.

### SPECIAL INSTRUCTIONS

On the following lines you may give special instructions limiting or extending the powers granted to your agent(s):

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### 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.

### RELIANCE ON THIS POWER OF ATTORNEY

I agree that any third party who receives a copy of this document may act under it. I agree that any transaction entered into by any third party in reliance on this document shall be binding upon me and I hereby waive all rights I may have to challenge the authority of the named agent, except to recover against him. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation.

### SIGNATURE AND ACKNOWLEDGMENT

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

[by:

Representative Name Printed: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

on behalf of:]

Principal Name Printed: \_\_\_\_\_

Principal Address: \_\_\_\_\_

Principal Telephone Number: \_\_\_\_\_

WITNESSES:

Witness Signature \_\_\_\_\_

Witness Address \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness Address \_\_\_\_\_

### NOTARY PUBLIC

State of \_\_\_\_\_

Parish of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, Notary Public in and for said parish and state, duly commissioned and qualified as such, personally came and appeared



\_\_\_\_\_, in the presence of \_\_\_\_\_ and \_\_\_\_\_, competent witnesses, and did execute and sign this Power of Attorney.

\_\_\_\_\_  
Signature of Notary

(Seal, if any)

My commission expires: \_\_\_\_\_

