

State of Tennessee

TENNESSEE LIMITED (SPECIAL) POWER OF ATTORNEY

STATE OF TENNESSEE

COUNTY OF _____

I, _____ [Name of Principal], the undersigned, being a resident of _____ County, Tennessee, hereby appoint _____ [Name of Attorney-in fact] of _____ [Address] and _____ [Optional Name of Attorney-in-fact] of _____ [Address], to be my attorney(s)-in-fact to act in my name in any way for which I could act for myself with respect to the following matters as each of them is defined in Tennessee Code Annotated §§34-6-101, et seq.

If my attorney(s)-in-fact is unable or unwilling to act for me, I name _____ [Name of Successor Attorney-in-fact] of _____ [Address] to be my successor attorney-in-fact. If my successor attorney-in-fact is unable or unwilling to act for me, I name _____ [Name of Second Successor Attorney-in-fact] of _____ [Address] as my second successor attorney-in-fact.

(If applicable)

Attorneys-in-fact I designated above 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 I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

This Power of Attorney is limited in nature and only grants such powers upon the happening of a specified event.

1. Temporary authority regarding these matters is being given to the designated attorney(s)-in-fact ONLY upon the occurrence of:

(____) incarceration of the principal;

(____) the detention or removal or deportation of the principal;

(____) other (please describe) _____
_____.

(If applicable)

Temporary authority 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.

2. Temporary authority is limited in nature solely to the areas I have designated below.

3. The undersigned being first duly sworn says:

(____) I also give to such person full power to appoint another to act as my attorney(s)-in-fact and full power to revoke such appointment.

(____) This power of attorney shall not be affected by subsequent disability or incapacity of the principal 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.

(____) This power of attorney shall 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.

(____) The powers herein granted shall be deemed continuing and relate as fully to any property which I may hereafter acquire as to any property which I may now own and may be exercised repeatedly. The powers herein granted shall exist to their full extent in any jurisdiction, including any State of the United States of America and in any foreign country where such powers may be necessary. The powers herein granted shall exist to their full extent regardless of my whereabouts within or without the United States of America.



SIGNATURE AND ACKNOWLEDGMENT OF PRINCIPAL

I declare under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct.

Principal Signature: _____ Date: _____

(If applicable)

by:

Representative name printed: _____

Representative signature: _____

signing on behalf of:

Principal Name Printed: _____

Principal Address: _____

Principal Telephone Number: _____

NOTARY PUBLIC

STATE OF _____)

COUNTY OF _____)

Principal Date: _____

The Principal, _____ [Name of Principal] Representative,

[Name of Representative] of the Principal, _____
[Name of Principal], personally appeared before me this ____ day of _____, 20____.

NOTARY PUBLIC

My commission expires: _____



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(s)-in-fact

The meaning of the authority granted to you is defined in the Tennessee Code Annotated, Title 34, Chapter 6. If you violate the Tennessee Code Annotated, Title 34, Chapter 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: _____

