

ARIZONA LIMITED (SPECIAL) POWER OF ATTORNEY

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

- General Regular Power of Attorney (has a beginning and end date), OR**
- General Durable Power of Attorney (ends upon Principal's death or revocation)**

2. IDENTIFY the Principal and Attorney-in-Fact:

Principal

Name: _____

Address of Residence: _____

City: _____

State: AZ

Zip Code: _____

Date of Birth: _____

Agent / Attorney-In-Fact

Name: _____

Address of Residence: _____

City: _____

State: _____

Zip Code: _____

Date of Birth: _____

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 I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

3. DESCRIBE the powers granted to Attorney-in-Fact.

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



Scope and extent of powers granted by the General Power of Attorney: to exercise all of the following powers concerning:

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

- General Regular Power of Attorney** - Has beginning and ending dates.

Effective Date: the time from which this document is operational: (Check one)

- Immediately
 Upon my subsequent disability or incapacity
 _____, 20_____
 Other: _____

This General Power of Attorney begins on the above effective date and continues until the expiration date of _____, 20_____, unless the Principal revokes this Power of Attorney before expiration using a written document of Revocation.

Manner of Revocation: The Principal may revoke this document in writing at any time before the expiration date for no reason or for cause. Also, if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document, the Principal may revoke in writing the Power of Attorney at any time before the expiration date.

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

Effective Date: the time from which this document is operational: (Check one)

- Immediately
 Upon my subsequent disability or incapacity
 _____, 20_____
 Other: _____



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 exceeds or violates the scope and authority granted by this document. *If the Principal becomes disabled or incapacitated, the Attorney-in-Fact may continue acting as such despite the disability, incapacity or the expiration date.*

5. COMPENSATION of Attorney-in-Fact: None.

6. 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

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



7. NOTARIZATION.

For Notary:

The State of Arizona

County of _____

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

(seal)

(signed) _____

(Notary Public)



IMPORTANT INFORMATION FOR AGENT

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 Arizona

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)



SIGNATURE AND ACKNOWLEDGMENT OF AGENT

Agent's Signature _____ Date _____

Agent's Name Printed: _____

Agent's Address: _____

Agent's Telephone Number: _____

This document was acknowledged before me on _____ (Date), by
_____ (Name of Agent).

Signature of Notary _____

(Seal, if any)

My commission expires: _____

This document prepared by: _____

