

FLORIDA LIMITED (SPECIAL) POWER OF ATTORNEY

I. DESIGNATION OF AGENT

I, _____, residing at _____, appoint the following individual(s) my (Check one) agent co-agents (attorney-in-fact):

Agent's/Co-Agent's Full Name

Agent's/Co-Agent's Street Address

City

State

Zip Code

Agent's/Co-Agent's Phone Number

Co-Agent's Full Name

Co-Agent's Street Address

City

State

Zip Code

Co-Agent's Phone Number

(If applicable) My co- agents are to act (Check one) SEPARATELY JOINTLY.



II. DESIGNATION OF SUCCESSOR AGENT

If any agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name the following (each to act alone and successively, in the order named) as successor(s) to that agent:

Successor Agent's Full Name

Successor Agent's Street Address

City State Zip Code

Successor Agent's Phone Number

Successor Agent's Full Name

Successor Agent's Street Address

City State Zip Code

Successor Agent's Phone Number

III. GRANT OF AUTHORITY

I grant my agent and any successor agent authority to act for me with respect to the following powers:



IV. LIMITATION ON AGENT'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 this power of attorney.

My agent (Check one) is NOT is entitled to reimbursement of reasonable expenses. My agent (Check one) is NOT is entitled to compensation.

V. SPECIAL INSTRUCTIONS

You may give special instructions on the following lines:

VI. EFFECTIVE DATE

Unless I have stated otherwise in the Special Instructions, this power of attorney is effective: (Check one)

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

Durability (Check one and strike out the other)

- DURABLE Power of Attorney. This durable power of attorney is not terminated by my subsequent incapacity, except as provided in chapter 709, Florida Statutes.
- REGULAR Power of Attorney. This power of attorney shall terminate if I become disabled or incapacitated.

VII. RELIANCE ON THIS POWER OF ATTORNEY

(Check if applicable) I hereby revoke any previous power of attorney signed by me and declare that all power and authority granted under such power of attorney are hereby revoked and withdrawn.

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



VIII. SIGNATURE AND ACKNOWLEDGMENT

Principal Signature

Date

Principal Name

WITNESSES

I am 18 years of age or older, am not the individual who signed the power of attorney on behalf of and at the direction of the principal, am not the agent designated in the power of attorney or the notary public or other person authorized by law to take acknowledgments before whom the power of attorney is acknowledged.

First Witness Signature

Date

First Witness Name

Second Witness Signature

Date

Second Witness Name



NOTARY ACKNOWLEDGMENT

State of Florida
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,
by _____, who signed with a mark in the presence of these witnesses:
_____ and _____.

Signature of Notary

My commission expires: _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced:



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

State of Florida
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),
_____ (Name of Agent).

Signature of Notary _____

(Seal, if any)

My commission expires: _____
This document prepared by: _____



IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent 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 the Florida Power of Attorney Act, chapter 709 of the Florida Statutes.

This power of attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. If you checked "REGULAR" in Article VII, the agent's authority will continue until you become incapacitated or die, or revoke the power of attorney or the agent resigns or is unable to act for you. If you checked "DURABLE" in Article VII, the agent's authority is not limited by your incapacity or death and will continue until you revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a coagent in the Special Instructions. Coagents are not required to act together unless you include that requirement in the Special Instructions.

If your agent 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, you should seek legal advice before signing this form.

