

State of Florida

## FLORIDA LIMITED (SPECIAL) POWER OF ATTORNEY

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This power of attorney authorizes another person(s) (your agent(s)) to make decisions concerning your property for you (the principal). Your agent(s) will be able to make decisions and act with respect to your property (including but not limited to 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(s) to make health care decisions for you.

You should select someone you trust to serve as your agent. The agent's authority will commence and terminate as specifically stated in this document, reflecting the limited and specific nature of the tasks for which this power of attorney is enacted.

Your agent(s) is entitled to compensation that is reasonable under the circumstances and reimbursement of expenses incurred in performing the acts required by you unless you state otherwise in the Special Instructions with clear definitions of when and how each agent's power will be enacted and ceased.

This form provides for the designation of two agents. If you wish to name more than two agents, you may name the additional agents in the Special Instructions.

If your agent(s) 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 this power of attorney or the authority you are granting to your agent(s), you should seek legal advice before signing this form.**

### I. DESIGNATION OF AGENT(S)

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

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**Agent's Full Name**

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**Agent's Street Address**

---

City

State

Zip Code

---

**Agent's Phone Number**



(If applicable)

---

**Co-Agent's** Full Name

---

**Co-Agent's** Street Address

---

City

State

Zip Code

---

**Co-Agent's** Phone Number

My agent(s) are to act  SEPARATELY  JOINTLY.

(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signed by me and declare that all power and authority granted under such power of attorney are hereby revoked and withdrawn.

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

If any agent(s) 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(s):

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**Successor Agent's** Full Name

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**Successor Agent's** Street Address

---

City

State

Zip Code

---

**Successor Agent's** Phone Number

---

**Second Successor Agent's** Full Name

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**Second Successor Agent's** Street Address

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City

State

Zip Code

---

**Second Successor Agent's** Phone Number



**IV. GRANT OF SPECIFIC AUTHORITY**

I, \_\_\_\_\_, grant \_\_\_\_\_ specific authority to act for me and in my name, in any way which I could do if present:

My agent(s) has the authority to act on my behalf for the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**V. 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.

**VI. SPECIAL INSTRUCTIONS (OPTIONAL)**

You may give special instructions on the following lines:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. 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.

### VIII. 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.

### IX. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent(s), 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.

### X. SIGNATURE AND ACKNOWLEDGMENT



\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
Date

(If applicable)

by:

\_\_\_\_\_  
**Representative's Signature**

\_\_\_\_\_  
**Representative's Name**

signing on behalf of:

\_\_\_\_\_  
**Principal's 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 \_\_\_\_\_

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: \_\_\_\_\_



**AFFIDAVIT OF AGENT(S)**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_ [Name of Agent], ("Affiant"), by the means specified herein, who swore or affirmed that:

1. Affiant is the agent named in the Power of Attorney executed by \_\_\_\_\_ ("Principal") on \_\_\_\_\_.
2. This Power of Attorney is currently exercisable by Affiant. The principal is domiciled in \_\_\_\_\_ [Name of State, Territory, or Foreign Country].
3. To the best of the Affiant's knowledge after diligent search and inquiry:
  - a. The Principal is not deceased;
  - b. Affiant's authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or a guardian advocate;
  - c. Affiant's authority has not been terminated by the filing of an action for dissolution or annulment of Affiant's marriage to the principal, or their legal separation; and
  - d. There has been no revocation, or partial or complete termination, of the power of attorney or of Affiant's authority.
4. Affiant is acting within the scope of authority granted in the power of attorney.
5. Affiant is the successor to \_\_\_\_\_ [Name of Predecessor Agent], who has resigned, died, become incapacitated, is no longer qualified to serve, has declined to serve as agent, or is otherwise unable to act, if applicable.
6. Affiant agrees not to exercise any powers granted by the Power of Attorney if Affiant attains knowledge that the power of attorney has been revoked, has been partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

\_\_\_\_\_  
Signature of Affiant

(If applicable)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_ [Name of Co-agent] ("Affiant"), by the means specified herein, who swore or affirmed that:

1. Affiant is the agent named in the Power of Attorney executed by \_\_\_\_\_ ("Principal") on \_\_\_\_\_ (date).



2. This Power of Attorney is currently exercisable by Affiant. The principal is domiciled in \_\_\_\_\_ [Name of State, Territory, or Foreign Country].

3. To the best of the Affiant's knowledge after diligent search and inquiry:

- a. The Principal is not deceased;
- b. Affiant's authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or a guardian advocate;
- c. Affiant's authority has not been terminated by the filing of an action for dissolution or annulment of Affiant's marriage to the principal, or their legal separation; and
- d. There has been no revocation, or partial or complete termination, of the power of attorney or of Affiant's authority.

4. Affiant is acting within the scope of authority granted in the power of attorney.

5. Affiant is the successor to \_\_\_\_\_ [Name of Predecessor Agent], who has resigned, died, become incapacitated, is no longer qualified to serve, has declined to serve as agent, or is otherwise unable to act, if applicable.

6. Affiant agrees not to exercise any powers granted by the Power of Attorney if Affiant attains knowledge that the power of attorney has been revoked, has been partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

\_\_\_\_\_  
Signature of Affiant

**NOTARY ACKNOWLEDGMENT**

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

Sworn to (or affirmed) and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_.

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

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

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



(If applicable)

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

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by  
\_\_\_\_\_.

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

My commission expires:

\_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

