

SPECIAL POWER OF ATTORNEY

I, [YOUR FULL LEGAL NAME], residing at [YOUR FULL ADDRESS], hereby appoint _____ residing at _____, as my Attorney-in-Fact ("Agent") to act in my capacity to do any and all of the following:

(DESCRIBE HERETHE EXTENT OF AUTHORITY YOU ARE GIVING TO YOUR ATTORNEY-IN-FACT)

The rights, powers, and authority of my Agent to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on _____, 20__, and shall remain in full force and effect until _____, 20__, or unless specifically extended or rescinded earlier by either party.

Dated _____, 2000 at _____.

[YOUR SIGNATURE]

[YOUR FULL LEGAL NAME]

[WITNESS' SIGNATURE]

[WITNESS' FULL LEGAL NAME]

[WITNESS' SIGNATURE]

[WITNESS' FULL LEGAL NAME]

STATE OF _____

COUNTY OF _____

In _____, on the _____ day of _____, 20 __, before me, a Notary Public in and for the above state and county, personally appeared [list name of person revoking power of attorney] , known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

NOTARY PUBLIC
My Commission Expires: _____