

# Durable Limited Power of Attorney

I, \_\_\_\_\_ ,  
address:

grant a limited durable power of attorney to \_\_\_\_\_ ,  
address:

to act as my attorney-in-fact.

I give my attorney-in-fact the maximum power under law to perform the following specific acts on my behalf:

This power of attorney shall become effective upon my incapacitation, as certified by my primary physician, or if my primary physician is not available, by any other attending physician. This power of attorney grants no power or authority regarding healthcare decisions to my designated attorney-in-fact. My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. This power of attorney shall not be affected by my present or future disability or incapacity. My attorney-in-fact shall not be compensated for his or her services nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence. Any third party who receives a signed copy of this document may act under it. Revocation of this document is not effective unless a third party has actual knowledge of such revocation.

Dated \_\_\_\_\_ , 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Granting Power of Attorney

\_\_\_\_\_  
Printed Name of Person Granting Power of Attorney

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Printed Name of Witness #1

\_\_\_\_\_  
Signature of Witness #2

\_\_\_\_\_  
Printed Name of Witness #2

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

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally  
came before me and, being duly sworn, did state that he or she is the person described in the  
above document and that he or she signed the above document in my presence.

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

Notary Public, In and for the County of \_\_\_\_\_  
State of \_\_\_\_\_

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

Notary Seal

I accept my appointment as attorney-in-fact.

\_\_\_\_\_  
Signature of Person Granted Power of Attorney

\_\_\_\_\_  
Printed Name of Person Granted Power of Attorney