LIMITED POWER OF ATTORNEY

State of: _____ County of: _____

KNOW ALL PERSONS BY THESE PRESENTS: That I/We, the undersigned Principal(s), hereby appoint _____ (the "Attorney-in-Fact"), whose address is _____, as my/our true and lawful Attorney-in-Fact to act in my/our name, place and stead in any way which I/we myself/ourselves could do, if personally present, with respect to the following matters:

Powers Granted:

1. To manage, sell, convey, lease, and encumber real and personal property owned by me/us, including but not limited to executing
2. To handle banking transactions, including signing checks, withdrawing and depositing funds, and managing safe deposit boxes.
3. To initiate, defend, settle, and resolve any claims or litigation in which I/we may be involved.
4. To prepare, sign, and file any tax returns, reports, and documents required by any governmental agency.
5. To contract for goods and services, including hiring or terminating employees or agents as needed.
6. To obtain insurance and handle all claims related thereto.
7. To represent me/us before any governmental or regulatory authorities, including but not limited to the Social Security Administra
8. To access and manage all digital accounts, electronic records, and communications on my/our behalf.
9. To delegate any or all of the powers granted herein to any substitute Attorney-in-Fact as deemed necessary.

Effective Date and Duration:

This Limited Power of Attorney shall become effective immediately upon execution and shall remain in full force and effect until revoked by me/us in writing, or upon my/our death or incapacity, whichever occurs first.

Revocation:

I/We reserve the right to revoke this Power of Attorney at any time by providing written notice to the Attorney-in-Fact and any third parties relying on this document.

Governing Law:

This Power of Attorney shall be governed by and construed in accordance with the laws of the State of _____, without regard to conflict of law principles.

Indemnification:

I/We hereby indemnify and hold harmless any person who acts in reliance upon this Power of Attorney from any and all claims, demands, losses, damages, liabilities, costs, and expenses arising from such reliance, provided such person acts in good faith and without actual knowledge of revocation.

Severability:

If any provision of this Power of Attorney is deemed invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Signatures:

IN WITNESS WHEREOF, I/we have executed this Limited Power of Attorney as of the date set forth below.

PRINCIPAL'S NAME (PRINT)	**ATTORNEY-IN-FACT'S NAME (PRINT)**
Signature: _____	Signature: _____
Date: _____	Date: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

NOTARY ACKNOWLEDGEMENT

State of _____) County of _____) On this _____ day of _____, before me, the undersigned Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

_____ Notary Public My commission expires: _____