

Special Power of Attorney

I, _____ (“Declarant”), residing at _____, hereby appoint
_____ residing at _____, as my Attorney-in-
Fact ("Agent") to act in my capacity to do any and all of the following:

**(DESCRIBE HERE THE 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20__, or unless specifically extended or rescinded earlier by either party.

_____ Date: _____
Declarant (signature)

Declarant Full Legal Name: _____

Witness #1:

Signature: _____ Address: _____

Full Legal Name: _____

Witness #2:

Signature: _____ Address: _____

Full Legal Name: _____

The foregoing instrument was acknowledged before me on _____, by
Claimant, _____, who is personally known to me or who has produced
_____ as identification.

Signature of Notary taking acknowledgment

Date of Expiration: _____