

NORTH DAKOTA LIMITED POWER OF ATTORNEY

I, \_\_\_\_\_ (*name*), currently residing at \_\_\_\_\_  
\_\_\_\_\_ (*address*), hereby appoint  
\_\_\_\_\_ (*agent s name*), currently residing at  
\_\_\_\_\_ (*address*), as my agent  
(*attorney-in-fact*) to act for me in any lawful way with respect to the following limited  
purpose(s):

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

**SPECIAL INSTRUCTIONS:**

THE FOREGOING POWERS ARE SPECIFICALLY INTENDED TO PERTAIN SOLELY  
AND BE LIMITED TO ALL DECISIONS AND ACTIONS TO BE MADE OR TAKEN IN  
CONNECTION WITH THE LIMITED PURPOSES DESCRIBED ABOVE.

**EFFECTIVE DATE:**

(initial one)

\_\_\_\_\_ THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY.

\_\_\_\_\_ THIS POWER OF ATTORNEY IS EFFECTIVE on \_\_\_\_\_, 20\_\_.

**TERMINATION DATE:**

(initial one)

\_\_\_\_\_ THIS POWER OF ATTORNEY WILL BE TERMINATED WHEN I HAVE SIGNED



A WRITTEN REVOCATION.

\_\_\_\_\_ THIS POWER OF ATTORNEY WILL BE TERMINATED on \_\_\_\_\_,  
20\_\_.

\_\_\_\_\_ THIS POWER OF ATTORNEY WILL BE TERMINATED WHEN I AM  
DETERMINED TO BE INCAPACITATED, AS DEFINED BELOW.

Successor Attorney- in-Fact. If \_\_\_\_\_ (agent's name) is unable or unwilling to  
serve or to continue to serve as my attorney-in-fact for any reason, then \_\_\_\_\_  
(alternate agent's name), presently residing at \_\_\_\_\_  
(address) is hereby appointed successor attorney-in-fact hereunder.

I agree that any third party who receives a copy of this document may act under it.  
Revocation of the power of attorney is not effective as to a third party until the third party has  
actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise  
against the third party because of reliance on this power of attorney.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed name)





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