## NEW HAMPSHIRE LIMITED POWER OF ATTORNEY

I, (name), currently residing at		
(address), hereby ap	point	
(agent s name), currently residing	g at	
(address), as my a	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 SOLI	ELY	
AND BE LIMITED TO ALL DECISIONS AND ACTIONS TO BE MADE OR TAKEN	N 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 S	SIGNI	



A WRITTEN REVOCATION.	
THIS POWER OF ATTORNEY 120	WILL BE TERMINATED on,
THIS POWER OF ATTORNEY	WILL BE TERMINATED WHEN I AM
DETERMINED TO BE INCAPACITATE	D, 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	y-in-fact for any reason, then
(alternate agent's name), presently residing	g at
(address) is hereby appointed successor atto	orney-in-fact hereunder.
I agree that any third party who rece	eives 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 of	on this power of attorney.
Signed this day of	, 20
(signature)	



(printed name)

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF NEW HAMPS	SHIRE )	
	) ss	
COUNTY OF	)	
On	before me, _	
		(insert name and title of the officer)
personally appeared		, who proved to me on the whose name(s) is/are subscribed to the within
authorized capacity(ies), a	and that by his/her/their	they executed the same in his/her/their signature(s) on the instrument the person(s), acted, executed the instrument.
I certify under PENALTY the foregoing paragraph is		the laws of the State of New Hampshire that
WITNESS my hand and o	official seal.	
Signature		(seal)



## This form was created by FormsPal.com.

If you want to learn more about Limited Power of Attorney, read more in our general

category Limited Power of Attorney Template.

Click the following link to find out more details about

New Hampshire Power of Attorney Forms.

