ARIZONA 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	n any lawful way with respect to the following limited
purpose(s):	
	SPECIAL INSTRUCTIONS:
THE FOREGOING POWERS A	ARE SPECIFICALLY INTENDED TO PERTAIN SOLELY
AND BE LIMITED TO ALL DI	ECISIONS AND ACTIONS TO BE MADE OR TAKEN IN
CONNECTION WITH THE LIN	MITED PURPOSES DESCRIBED ABOVE.
EFFECTIVE DATE:	
(initial one)	
THIS POWER OF AT	TORNEY IS EFFECTIVE IMMEDIATELY.
THIS POWER OF AT	TORNEY IS EFFECTIVE on, 20
TERMINATION DATE:	
(initial one)	
THIS POWER OF AT	TORNEY WILL BE TERMINATED WHEN I HAVE SIGNE



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 ARIZONA		
COUNTY OF) ss)	
On	before me,	(insert name and title of the officer)
		(insert name and title of the officer)
personally appeared		, who proved to me on the
basis of satisfactory evider	nce to be the person(s	, who proved to me on the) whose name(s) is/are subscribed to the within
instrument and acknowled	ged to me that he/she	/they executed the same in his/her/their
authorized capacity(ies), a	nd that by his/her/the	ir signature(s) on the instrument the person(s), or
the entity upon behalf of w	which the person(s) ac	ted, executed the instrument.
I certify under PENALTY foregoing paragraph is true		the laws of the State of Arizona that the
WITNESS my hand and o	fficial 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 Arizona Power of Attorney Forms.

