

IOWA 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)



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 IOWA )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(insert name and title of the officer)  
personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Iowa that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (seal)



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