MASSACHUSETTS LIMITED POWER OF ATTORNEY

I,	(name), currently residing at	
	(ada	dress), hereby appoint
	(agent s name), c	currently residing at
	(a	
(attorney-in-fact) to act for	or me in any lawful way with respect to the foll	owing limited
purpose(s):		
	SPECIAL INSTRUCTIONS :	
THE FOREGOING POW	VERS ARE SPECIFICALLY INTENDED TO	PERTAIN SOLELY
	ALL DECISIONS AND ACTIONS TO BE MA	
	HE LIMITED PURPOSES DESCRIBED ABO	
EFFECTIVE DATE:		
(initial one)		
THIS POWER (OF ATTORNEY IS EFFECTIVE IMMEDIAT	ELY.
THIS POWER (OF ATTORNEY IS EFFECTIVE on	, 20
TERMINATION DATE	:	
(initial one)		
THIS POWER (OF ATTORNEY WILL BE TERMINATED W	HEN 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 MASSACI	HUSELIS)	
) ss	
COUNTY OF)	
On	before me	,
		(insert name and title of the officer)
personally appeared		, who proved to me on the
authorized capacity(ies or the entity upon beha	s), and that by his/her/th alf of which the person(s	e/they executed the same in his/her/their eir signature(s) on the instrument the person(s), s) acted, executed the instrument.
I certify under PENAL foregoing paragraph is		er the laws of the State of Massachusetts that the
WITNESS my hand an	d official seal.	
Signature		(seal)



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Massachusetts Power of Attorney Forms.

