## VIRGINIA 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 TAKET                          | 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 VIRGINIA   |  |  |
|---|--|--|
| COUNTY OF   | ) ss<br>)  |  |
| On  | before me  | e,,  |
|   |  | (insert name and title of the officer)   |
| personally appeared   |  | , who proved to me on the n(s) whose name(s) is/are subscribed to the within   |
| instrument and acknowled authorized capacity(ies), at the entity upon behalf of w | ged to me that he/sl<br>nd that by his/her/tl<br>which the person(s)<br>OF PERJURY und | he/they executed the same in his/her/their heir signature(s) on the instrument the person(s), or acted, executed the instrument.  der the laws of the State of Virginia that the |
| reregeme haragraph is a man   |  |  |
| WITNESS my hand and or  | fficial seal.  |  |
| Signature   |  | (seal)   |



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