## **Georgia Limited Power of Attorney**

BE IT ACKNOWLEDGED	that I,
	Full Name
	, the undersigned, do hereby grant a limited and
social security number	
specific power of attorney to	Full Name
of	Full Name
Address	
as my attorney-in-fact.	
, , ,	
Said attorney-in-fact shall har only the following acts on my behalf	we full power and authority to undertake and perform f:
The authority herein shall include carry out and perform the specific au	e such incidental acts as are reasonably required to athorities granted herein.
	cept this appointment subject to its terms, and agrees capacity consistent with my best interest, as my ms advisable.
revoked by me at any time, and shall any person relying on this power of a	we upon execution. This power of attorney may be automatically be revoked upon my death, provided attorney shall have full rights to accept and reply a-fact until in receipt of actual notice of revocation.
Signed thisday	of, 20
	Signature



I,	, the Witness, sign my			
name to the foregoing Power of	of Attorney this	day of		
	20, and, being f	irst duly sworn, do		
declare to the undersigned author	rity that the Principal	signs and executes		
this instrument as his/her Power	of Attorney and that l	he/she signs it		
willingly, or willingly directs and	other to sign for him/h	er, and that I, in the		
presence and hearing of the Prin	cipal, sign this Power	of Attorney as		
witness to the Principal's signing	g and that to the best of	of my knowledge the		
Principal is eighteen years of age	e or older, of sound mi	nd and under no		
constraint or undue influence.				
	Signature of	Witness		
TATE OF				
ounty of				
		edged before me by		
, the Witne	ss, thisda	ny of,		
Notary Seal)	(Signature	e of Notary Public)		

