West Virginia Limited Power of Attorney

BE IT ACKNOWLEDGED that I,
Full Name, the "Principal", do hereby grant a limited
social security number
and specific power of attorney to of
Full Name
Address as my "Attorney-in-Fact".
Said Attorney-in-Fact shall have full power and authority to undertake and perform only the following acts on my behalf:
1
2
3
The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein. My Attorney-in-Fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my Attorney-in-Fact in its discretion deems advisable. This power of attorney is effective upon execution.
This power of attorney may be revoked by any of the following:
(Initial and Check the Box if Applicable)
\square - By the Principal at anytime by authorizing a Revocation.
\Box - When the above stated one (1) time power or responsibility has been completed.
□ - On the day of, 20
This power of attorney form shall automatically be revoked upon my death or incapacitation, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my Attorney-in-Fact until in receipt of actual notice of revocation.



State Law. This Power of Attorney	is governed by the laws of the State of
West Virginia.	
Signed this day of	, 20
	Signature
	Print Name
ACCEPTANO	CE OF APPOINTMENT
I,appointment as attorney-in-fact in acco	, the attorney-in-fact named above, hereby accept rdance with the foregoing instrument.
Attorney-in-Fact's Signature	
Attorney-in-Fact's Printed Name	
ACKNOWLEDGN	IENT OF NOTARY PUBLIC
STATE OF	
County, ss.	
, as Principal of government issued photo identification	, 20, before me appeared of this Power of Attorney who proved to me through to be the above-named person, in my presence nowledged that he executed the same as his free
	Notary Public My commission expires:

