

ARIZONA LIMITED POWER OF ATTORNEY FORM

PRINCIPAL:

NAME	PLACE OF RESIDENCE	DATE OF BIRTH

ATTORNEY-IN-FACT/AGENT:

NAME	PLACE OF RESIDENCE	DATE OF BIRTH

Principal hereby constitutes and appoints Attorney-in-Fact to act in the name and place of Principal, and as the true and lawful agent for Principal to perform the following acts:

Principal gives and grants to Attorney-in-Fact full power and authority to do and perform every act and thing whatsoever requisite, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as Principal might or could do if personally present, hereby ratifying all that Attorney-in-Fact shall lawfully do or cause to be done by virtue of this Special Power of Attorney.

This Power of Attorney is not affected by subsequent disability or incapacity of the Principal, nor is it affected by how much time has elapsed since its execution.

Signature of Principal



I, _____, the Principal, sign my name to this Power of Attorney this _____ day of _____, _____, and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument or direct another to sign for me as my Power of Attorney, and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the Power of Attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Signature of Principal

I, _____, the Witness, sign my name to the foregoing Power of Attorney this _____ day of _____, _____, and, being first duly sworn, do declare to the undersigned authority that the Principal signs and executes this instrument as his/her Power of Attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the Principal, sign this Power of Attorney as witness to the Principal's signing and that to the best of my knowledge the Principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Signature of Witness

STATE OF _____
County of _____

Subscribed, sworn to and acknowledged before me by _____, the Principal, and subscribed, sworn to and acknowledged before me by _____, the Witness, this _____ day of _____, _____.

(Notary Seal)

Signature of Notary Public