

# 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 \_\_\_\_\_  
Address Phone  
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 me at any time, and shall automatically be revoked upon my death, 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.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

Pursuant to GA § 10-6-140 - § 10-6-142