

# ILLINOIS LIMITED POWER OF ATTORNEY

BE IT ACKNOWLEDGED that I, \_\_\_\_\_ (Principal Name), the  
"Principal," whose address is \_\_\_\_\_ (Principal's Address),  
hereby grant a limited and specific power of attorney to \_\_\_\_\_  
(Agent Name), my true and lawful agent, of \_\_\_\_\_ (Agent's  
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. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

This power of attorney may be revoked in any of the following manners:

### (Initial and Check All Applicable Boxes)

\_\_\_\_\_  - By the Principal at any time by signing a Revocation.

\_\_\_\_\_  - When the act(s) designated above have been completed.

\_\_\_\_\_  - On \_\_\_\_\_.

**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.

If any agent named by me shall die, become incompetent, resign or refuse to accept the  
office of agent, I name the following (each to act alone and successively, in the order  
named) as successor(s) to such agent:

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**State Law.** This power of attorney is governed by the laws of the State of Illinois.

Signed on \_\_\_\_\_.

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
Principal's Print Name

### **ACCEPTANCE OF APPOINTMENT**

I, \_\_\_\_\_, the Attorney-in-Fact named above, hereby accept appointment as Attorney-in-Fact in accordance with the foregoing instrument.

\_\_\_\_\_  
**Attorney-in-Fact's Signature**

\_\_\_\_\_  
Attorney-in-Fact's Printed Name

### **WITNESS**

The undersigned witness certifies that \_\_\_\_\_ (Principal's Name), known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness Print Name

\_\_\_\_\_  
City, State & Zip Code



**NOTARY ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_

\_\_\_\_\_ County, SS.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the undersigned, a notary public in and for the above county and state, certifies that \_\_\_\_\_, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the witness \_\_\_\_\_ in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, and certified to the correctness of the signature(s) of the agent(s).

\_\_\_\_\_  
Notary Public

Print Name: \_\_\_\_\_ My commission expires: \_\_\_\_\_

