NEW JERSEY LIMITED POWER OF ATTORNEY

# I, [NAME] whose address is [ADDRESS] hereby appoint [NAME] my true and lawful agent and attorney in fact to act in my name and behalf for the following specific acts:

[INSTRUCTIONS]

This Limited Power of Attorney shall remain in full force and effect until revoked by either party in writing.

**IN WITNESS WHEREOF**, this [DAY]\_ day of [MONTH] 20[YEAR].

|  |  |
| --- | --- |
| STATE OF [STATE]County of [COUNTY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Subscribed, sworn to and acknowledged before me by [NAME], the Principal, and subscribed, sworn to and acknowledged before me this[DAY]\_ day of [MONTH] 20[YEAR].. |
| (Notary Seal) | Signature of Notary Public |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

 (Notary Seal) (Signature of Notary Public)