

Rhode Island Limited Power of Attorney

BE IT ACKNOWLEDGED that I, _____ (Full Name), of _____, the undersigned, do hereby grant a limited and specific power of attorney to _____ (Full Name), of _____ 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____.

State of Rhode Island
County of _____

This document was acknowledged before me on _____ (Date), by _____ (Name of Principal).

Signature of Notary
My commission expires: _____

