**Washington Limited Power of Attorney**

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

[DESCRIBE SPECIFIC POWERS GRANTED]

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 [DATE].

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

Witnesses: Witnesses’ Signatures:

[WITNESS 1 NAME] [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

[WITNESS 2 NAME] [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://www.esign.com/)

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| STATE OF WASHINGTONCounty of [NAME OF COUNTY]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Subscribed, sworn to and acknowledged before me by[NAME OF PRINCIPAL], the Principal, and subscribed, sworn to and acknowledged before [DATE OF SIGNING]. |
| (Notary Seal) | Signature of Notary Public |

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

 (Notary Seal) (Signature of Notary Public)