**Wisconsin Limited Power of Attorney**

BE IT ACKNOWLEDGED that I, [PRINCIPAL NAME], of

 [PRINCIPAL ADDRESS], the undersigned, do hereby grant a limited and specific power of attorney to [NAME OF ATTORNEY-IN-FACT], of

of [ADDRESS OF ATTORNEY-IN-FACT] and [PHONE NUMBER OF ATTORNEY-IN-FACT]

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:

[LIST SPECIFIC POWERS GRANTED TO ATTORNEY-IN-FACT]

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/)

State of Wisconsin

County of [NAME OF COUNTY]

This document was acknowledged before me on [DATE], by

[NAME OF PRINCIPAL].

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

Signature of Notary

My commission expires:[DATE NOTARY COMMISSION EXPIRES]