# **Specific Power of Attorney**

BE II ACKNO	WLEDGED that I,	Full Name	
		signed, do hereby grant a limited a	and
social security number	, the undersi	igned, do hereby grant a infinted a	ınu
specific power of attorr	iev to		
specific power of attori	Full Name		
of			
Address		Phone	
as my attorney-in-fact.			
Said attorney-in	-fact shall have full power ar	nd authority to undertake and per	forn
only the following acts	on my behalf:		
1.			
2			
3			_
<i>J</i>			
_	n shall include such incidenta he specific authorities grante	al acts as are reasonably required ed herein.	to
to act and perform in sa		atment subject to its terms, and ag tent with my best interest, as my	rees
revoked by me at any to any person relying on t	me, and shall automatically his power of attorney shall have	ion. This power of attorney may be revoked upon my death, provi ave full rights to accept and reply ceipt of actual notice of revocation	ded
Signed this	day of	, 20	
		S	ionatu





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