## ALABAMA LIMITED POWER OF ATTORNEY

BE IT ACKNOWLEDGED that	I,		
	َ Full Name _, the المَا عَ هُمَا عَلَي Full Name		
social security number and specific power of attorney to		of	
	Full Name		
Address as my % ttorney-in-Fact+	Phone		

Said Attorney-in-Fact shall have full power and authority to undertake and perform only the following acts on my behalf:

1	 	 	 
0			
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 any of the following:

## (Initial and Check the Box if Applicable)

- By the Principal at anytime by authorizing a Revocation.

- When the above stated one (1) time power or responsibility has been completed.

\_\_\_\_\_ - On the \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_,

This power of attorney form shall automatically be revoked upon my death or incapacitation, 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.

State Law. This Power of Attorney is governed by the laws of the State of

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

Signature

Print Name

## ACCEPTANCE OF APPOINTMENT

I, \_\_\_\_\_, the attorney-in-fact named above, hereby accept appointment as attorney-in-fact in accordance with the foregoing instrument.

Attorney-in-: UWFB Signature

Attorney-in-Øæsor ÁÚl a cha Apat ^

## ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF \_\_\_\_\_

\_\_\_\_\_ County, ss.

On this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_\_, as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that he executed the same as his free act and deed.

Notary Public My commission expires: