

# SPECIAL POWER OF ATTORNEY

## 1. CHECK ONE (1) TYPE OF POWER OF ATTORNEY:

- Special Power of Attorney (has a beginning and end date) - or-
- Durable Special Power of Attorney (ends upon Principal's death or revocation)

## 2. IDENTIFY the Principal and Attorney-in-Fact:

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<b>Principal:</b>	Name	Address of Residence	City, State, Zip Code	Date of Birth
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<b>Agent /Attorney-in-Fact:</b>	Name	Address of Residence	City, State, Zip Code	Date of Birth
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## 3. COMPLETE THIS SECTION

Principal, an individual, hereby appoints the above-named Agent/Attorney-in-Fact to act in name and place of Principal to perform the following specific matters:

- Scope and extent of powers granted: to exercise the following specific powers:

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To do and perform all acts required, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as Principal might of could do if personally present, hereby ratifying all that Attorney-in-Fact shall lawfully do or cause to be done by virtue of this Special Power of Attorney.

## 4. CHECK ONE type of Special Power of Attorney. Then fill in the Sections that apply to you.

**Regular Special Power of Attorney**

- **EFFECTIVE DATE:** the time from which this document is operational: \_\_\_\_\_.

This Special Power of Attorney begins on the above effective date and continues until the expiration date of \_\_\_\_\_ 20 \_\_\_\_, unless the Principal revokes in writing this Power of Attorney.

- **MANNER OF REVOCATION:** The Principal may revoke this document in writing at any time before the expiration date, if the specific tasks have been accomplished by the Attorney-in-Fact, for no reason, for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document.

**Durable Special Power of Attorney**

- **EFFECTIVE DATE:** the time from which this document is operational: \_\_\_\_\_.

- **MANNER OF REVOCATION:** The Principal may revoke this document in writing at any time before the expiration date, if the specific tasks have been accomplished by the Attorney-in-Fact, for no reason, for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document. *If the Principal becomes disabled or incapacitated, the Attorney-in-Fact may continue acting as such despite the disability, incapacity or the expiration date.*

**5. COMPENSATION** of Attorney-in-Fact: None.

**6. SIGNATURES:**

**For Principal:**

I, \_\_\_\_\_, the principal, sign my name to this power of attorney this \_\_\_\_\_ day of \_\_\_\_\_ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney, and that as required by A.R.S. § 14-5501, I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Principal Signature

**For Witness:**

I, \_\_\_\_\_, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority the principal signs and executes this instrument as the principal's power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal sign this power of attorney as witness to the principal's signing, and to the best of my knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

\_\_\_\_\_  
Witness Signature

**7. NOTARIZATION:**

**For Notary:**

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

COUNTY OF \_\_\_\_\_

Subscribed, sworn to or affirmed, and acknowledged before me by \_\_\_\_\_, the principal, and subscribed and sworn to or affirmed before me by \_\_\_\_\_, witness, this \_\_\_\_\_ day of \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Notary Public