

## **LIMITED POWER OF ATTORNEY**

STATE OF TENNESSEE

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

I, \_\_\_\_\_, the undersigned, being a resident of \_\_\_\_\_ County, Tennessee, hereby appoint \_\_\_\_\_, to be my attorney-in-fact to act in my name in any way for which I could act for myself with respect to the following matters as each of them is defined in Tennessee Code Annotated §§34-6-101, et seq.

**This Power of Attorney is limited in nature and only grants such powers upon the happening of a specified event.**

1. Temporary authority regarding these matters is being given to the designated attorney in fact ONLY upon the occurrence of **(initial at least one)**:

(\_\_\_\_) Fixed Time Period From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(\_\_\_\_) Incarceration of the principal;

(\_\_\_\_) The detention or removal or deportation of the principal;

(\_\_\_\_) Other (please describe) \_\_\_\_\_  
\_\_\_\_\_.

2. Temporary authority is limited in nature solely to the areas I have designated below.  
(Initial)

(1) \_\_\_\_\_ Real Property and Lease Transactions

(2) \_\_\_\_\_ Personal Property Transactions

(3) \_\_\_\_\_ Banking and Financial Transactions

(4) \_\_\_\_\_ Estate Transactions

(5) \_\_\_\_\_ Contractual Agreements

(6) \_\_\_\_\_ Insurance Transactions

(7) \_\_\_\_\_ Medical Matters

(8) \_\_\_\_\_ Legal Matters

(9) \_\_\_\_\_ Social Security Matters

(10) \_\_\_\_\_ Tax Matters

(11) \_\_\_\_\_ Employment of Agents and Service Professionals

(12) \_\_\_\_\_ Personal Relationships and Affairs

(13) \_\_\_\_\_ Other: \_\_\_\_\_

3. The undersigned being first duly sworn says:

(Initial)

(\_\_\_\_) I also give to such person full power to appoint another to act as my attorney-in-fact and full power to revoke such appointment.

(\_\_\_\_) This power shall not be affected by my subsequent incapacity or mental capacity.

(\_\_\_\_) The powers herein granted shall be deemed continuing and relate as fully to any property which I may hereafter acquire as to any property which I may now own and may be exercised repeatedly. The powers herein granted shall exist to their full extent in any jurisdiction, including any State of the United States of America and in any foreign country where such powers may be necessary. The powers herein granted shall exist to their full extent regardless of my whereabouts within or without the United States of America;

(\_\_\_\_) This Power of Attorney has been provided to me at the moment of execution in both the English language and the Spanish language. I am able to read and understand the Spanish language and by being provided the English and Spanish versions of this Power of Attorney, I have fully understood every term and condition contained herein.

I declare under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct.

**STATE OF TENNESSEE)**

**COUNTY OF \_\_\_\_\_)**

\_\_\_\_ Date: \_\_\_\_\_

Principal

The Principal, \_\_\_\_\_, personally appeared  
before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

My commission expires:

\_\_\_\_\_