

**FLORIDA
LIMITED POWER OF ATTORNEY FORM**

I. **NOTICE** - This legal document grants you (Hereinafter referred to as the "Principal") the right to transfer limited financial powers to someone else (Hereinafter referred to as the "Attorney-in-Fact"), limited financial powers are described as: **any specific financial act legal under law**. The Principal's transfer of limited financial powers to the Attorney-in-Fact are granted upon authorization of this agreement, and ONLY remains in effect until the completion of said act. This agreement does not authorize the Attorney-in-Fact to make medical decisions for the Principal. The Principal continues to retain every right to all their financial decision-making power and may revoke this Limited Power of Attorney Form at any time. The Principal may include restrictions or requests pertaining to the financial decision-making power of the Attorney-in-Fact. It is the intent of the Attorney-in-Fact to act in the Principal's wishes put forth, or, to make financial decisions that fit the Principal's best interest. All parties authorizing this agreement must be at least 18 years of age and acting under no false pressures or outside influences. Upon authorization of this Limited Power of Attorney Form, it will revoke any previously valid Limited Power of Attorney Form.

II. **INCAPACITATION** – The powers granted to the Attorney-in-Fact by the Principal in this Limited Power of Attorney Form DO NOT stay in effect upon incapacitation by the Principal, incapacitation is described as: **A medical physician stating verbally or in writing that the Principal can no longer make decisions for them self.**

III. **REVOCAION** - The Principal has the right to revoke this Limited Power of Attorney Form at any time. Any revocation will be effective if the Principal:

- A. Authorizes a new Limited Power of Attorney Form.
- B. Authorizes a Power of Attorney Revocation Form.

IV. **WITNESS & NOTARY** - This document is not valid as a Limited Power of Attorney unless it is acknowledged before a notary public.

V. **PRINCIPAL** - I, _____, residing at

Street Address of Principal

City of _____, State of _____, appoint the following as my Attorney-in-Fact, whom I trust with a specific financial act or acts immediately upon the authorization of this form, and I grant the power to act as if I were personally present to:

VI. **ATTORNEY-IN-FACT** - _____, residing at
Name of Attorney-in-Fact

Street Address of Attorney-in-Fact

City of _____, State of _____ grant
City of Attorney-in-Fact State of Attorney-in-Fact

the Attorney-in-Fact the legal authority for a specific financial act on my behalf that can be any power legal under law in the State of _____

The Specific financial act I grant my Attorney-in-Fact is:

File a claim for and handle all proceedings pertaining to the surplus/excess proceeds/overbid resulting from the Tax Deed Sale of my property as detailed below:

Legal Description / Property Address: _____

Auction Date and Location: _____

Tax Deed #: _____ *Parcel #:* _____

VII. TERMS & CONDITIONS – Upon authorization by all parties, the Attorney-in- Fact accepts their designation to act in the Principal’s best interests for all financial decisions legal under law.

VIII. THIRD PARTIES – I, the Principal, agree that any third party receiving a copy via: physical copy, email, or fax that I, the Principal, will indemnify and hold harmless any and all claims that may be put forth in reference to this Limited Power of Attorney Form.

IX. COMPENSATION – The Attorney-in-Fact agrees not to be compensated for acting in the presence of the Principal. The Attorney-in-Fact may be, but not entitled to, reimbursement for all: food, travel, and lodging expenses for acting in the presence of the Principal.

X. PRINCIPAL’S SIGNATURE - I, _____, the Principal
Printed Name of Principal

sign my name to this power of attorney this _____ day of _____, 20____ 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 I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Signature of Principal

XI. **ATTORNEY-IN-FACT'S SIGNATURE** - I, _____
Name of Attorney-in-Fact

have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge and accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Signature of Attorney-in-Fact

Date

Notary Acknowledgement (Must be completed by Notary)

State of _____ County of _____ Subscribed, Sworn
and acknowledged before me by _____, the Principal,
and subscribed and sworn to before me by _____, witness,
this _____ day of _____, 20_____ .

Notary Signature

Notary Public
In and for the County of _____ State of _____

My Commission Expires: _____

(Notary Seal)

Acknowledgement and Acceptance of Appointment as Attorney-in-Fact

I, _____ have read the attached power of attorney
Name of Attorney-in-Fact
and am the person identified as the attorney-in-fact for the principal. I hereby
acknowledge that accept my appointment as Attorney-in-Fact and that when I act as
agent I shall exercise the powers for the benefit of the principal; I shall keep the assets
of the principal separate from my assets; I shall exercise reasonable caution and
prudence; and I shall keep a full and accurate of all actions, receipts and disbursements
on behalf of the principal.

Signature of Attorney-in-Fact

Date