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How to Complete Your Arizona Limited Power of Attorney

Limited (Special) Power of Attorney • A.R.S. § 14-5501

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Use this form to let someone handle one specific matter for you, such as signing at a closing, selling a vehicle, or handling one account. Your agent can act only for the purpose you describe.

1. **Describe the purpose in detail (Part 2)**
   Include addresses, account or VIN numbers, and dates. Vague wording can lead a bank or title company to refuse it.
2. **Choose when it ends (Parts 3–4)**
   When the purpose is complete or on a set date, and whether it survives incapacity.
3. **Bring one qualified witness**
   Not your agent, your agent's spouse or children, or the notary. We can bring one.
4. **Sign in front of the notary**
   You and the witness each sign a sworn statement. Bring a current photo ID.

Signing requirements: Notary **and** one adult witness. The witness cannot be the agent, the agent's spouse or children, or the notary.

After It's Signed

- Give the original or a copy to the bank, title company or office involved.
- For Arizona MVD title matters, ADOT also has its own power of attorney form; ask the agency which it accepts.

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Have questions about your Limited Power of Attorney? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

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LIMITED (SPECIAL) POWER OF ATTORNEY

State of Arizona • A.R.S. § 14-5501

1. APPOINTMENT OF AGENT

I, the principal named below,

Principal full legal name

Principal address (street, city, county, state, ZIP)

appoint the following person as my agent (attorney-in-fact):

Agent name | Relationship | Phone

Agent address

If my agent dies, resigns, becomes incapacitated, or is unable or unwilling to serve, I appoint the following successor agent(s), to serve one at a time in the order named (optional):

Successor agent 1 name | Phone

Successor agent 1 address

2. LIMITED PURPOSE

My agent may act for me **only** for the following specific purpose(s) or transaction(s), and for any act reasonably necessary to complete them (describe in detail, including any property, account, vehicle or case involved):

3. DURATION (check one)

☐ This power of attorney ends when the purpose above is completed.

☐ This power of attorney ends on the following date (unless revoked earlier):

End date

4. EFFECT OF INCAPACITY (check one)

☐ This power of attorney is not affected by subsequent disability or incapacity of the principal or lapse of time.

☐ This power of attorney ends if I become disabled or incapacitated.

5. RELIANCE

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Third parties may rely on this power of attorney or a copy until they receive actual notice of its revocation. This power of attorney does not revoke any other power of attorney I have signed.

SIGNATURE OF PRINCIPAL AND SWORN STATEMENT

I, the principal named in this power of attorney, sign my name to this power of attorney on the date written by the notary below 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.

X _____

Principal signature (or mark)

Principal printed name

If signed for the principal at the principal's direction: name of person signing

SWORN STATEMENT OF WITNESS

The witness may not be the agent, the agent's spouse, the agent's children or the notary public (A.R.S. § 14-5501(D)(3)).

I, the witness named below, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that 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 that 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.

X _____

Witness signature

Witness printed name

Witness address

NOTARY CERTIFICATE (A.R.S. § 14-5501(D)(4))

THE STATE OF

COUNTY OF

Subscribed, sworn to and acknowledged before me by _____, the principal, and subscribed and sworn to before me by _____, witness, this _____ day of _____, 20____.

X _____

Signature of Notary Public

Notary Public (printed name)

My commission expires

Commission number

(Notary seal)

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ACCEPTANCE BY AGENT (recommended)

I accept appointment as agent. I understand that I must act in good faith, in the principal's best interest and within the authority granted, keep the principal's property separate from mine, and keep records of all transactions I make for the principal.

X _____

Agent signature

Date

Agent printed name

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