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How to Complete Your Georgia Limited Power of Attorney

Limited (Special) Power of Attorney • Georgia Power of Attorney Act, O.C.G.A. Chapter 6B of Title 10

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR POWER OF ATTORNEY.

About this form. A limited (or special) power of attorney lets someone (your "agent") handle **one specific task** for you, such as closing a bank account, selling a car, signing for a package or handling a single transaction while you are away. For broad financial authority, use the Georgia Statutory Form Power of Attorney instead. For real estate, use the Georgia Real Estate Power of Attorney, which is formatted for recording.

1. **Fill in the names (Sections 1–3)**
   Enter your full legal name and address, then your agent's. A successor agent is optional.
2. **Describe the authority (Section 4)**
   Be specific: name the bank, account, vehicle (with VIN), case or task. Your agent can only do what you describe.
3. **Choose the dates (Section 5)**
   Check when it starts and when it ends. It is durable unless you initial the incapacity line. Initials must be handwritten in ink.
4. **Sign before a witness AND a notary**
   Georgia requires both. Do **not** sign ahead of time. Bring a current government-issued photo ID. Your witness cannot be your agent or the notary. **Need a witness? Our notary can bring one for an additional fee.**

Signing requirements: Signed by the principal in the presence of one witness and a notary public (O.C.G.A. § 10-6B-5). Neither may be your agent.

After It's Signed

- Give your agent the original. Banks and other institutions may ask to keep a copy.
- To revoke it before it ends, sign a written revocation and notify your agent and anyone relying on it.
- Need it for use in another country? We can obtain an apostille for you.

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Have questions about your 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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State of Georgia

County of

LIMITED (SPECIAL) POWER OF ATTORNEY

Georgia Power of Attorney Act • O.C.G.A. Chapter 6B of Title 10

IMPORTANT: This limited power of attorney gives your agent authority ONLY for the specific matters you describe below. It does not authorize your agent to make health care decisions for you. You should select someone you trust. If you have questions about the authority you are granting, you should seek legal advice before signing.

1. PRINCIPAL

I, the undersigned principal,

Full legal name of principal

Telephone

Principal's address (street, city, state, ZIP)

Email

2. AGENT

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

Full legal name of agent

Telephone

Agent's address (street, city, state, ZIP)

Email

3. SUCCESSOR AGENT (OPTIONAL)

If my agent is unable or unwilling to act, I appoint as successor agent:

Full legal name of successor agent

Telephone

Successor agent's address (street, city, state, ZIP)

Email

4. SPECIFIC AUTHORITY GRANTED

My agent may act for me ONLY with respect to the following matter(s). Describe the transaction, account, property, vehicle, case or task as specifically as possible (include account, VIN, parcel, case or reference numbers where applicable):

In connection with the matter(s) described above, my agent may sign, deliver and receive documents, and do all acts reasonably necessary to carry out that authority, to the same extent I could if personally present. My agent has no other authority.

Principal's initials: _____

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5. EFFECTIVE DATE AND DURATION

☐ This power of attorney is effective immediately.

☐ This power of attorney becomes effective on the following date: _____

☐ This power of attorney terminates on _____, or when the matter(s) above are completed, whichever occurs first.

☐ This power of attorney terminates when the matter(s) described above are fully completed.

Durability. Under Georgia law a power of attorney is durable (it continues if I become incapacitated) unless it states otherwise. **Initial below ONLY if you want this power of attorney to END if you become incapacitated:**

☐ This power of attorney terminates upon my incapacity.

6. SPECIAL INSTRUCTIONS (OPTIONAL)

7. RELIANCE AND REVOCATION

Any person may rely upon the validity of this power of attorney or a copy of it unless that person has actual knowledge it has terminated or is invalid. I may revoke this power of attorney at any time by a signed writing delivered to my agent. This power of attorney is governed by the laws of the State of Georgia.

Principal's initials: _____

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SIGNATURE OF PRINCIPAL

Do not sign until you are in front of your witness and the notary.

X _____ _____

Signature of principal | Date

Printed name of principal | Telephone

WITNESS

This document was signed in my presence on _____ (date) by the principal named above.

X _____ _____

Signature of witness | Date

Witness's name printed | Witness's telephone number

Witness's address | Witness's email address

The witness must be a competent adult who is not named as an agent in this document and who is not the notary.

NOTARY PUBLIC (OFFICIAL WITNESS)

State of Georgia
County of _____

This document was signed in my presence on _____ (date) by _____ (name of principal).

_____ (Seal)

Signature of notary public

_____

Printed name of notary public

Notary seal

Notary Public, _____ County, Georgia
My commission expires: _____

NOTICE TO AGENT: By accepting or acting under this power of attorney, you assume the duties of an agent under the Georgia Power of Attorney Act (O.C.G.A. Chapter 6B of Title 10). You must act in good faith, only within the authority granted, and in the principal's best interest; keep the principal's property separate from your own; keep records of all transactions; and disclose your identity as an agent by signing in the following manner: (Principal's name) by (Your signature) as Agent. You must stop acting if you learn that this power of attorney has terminated or been revoked.

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