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How to Complete Your Pennsylvania Limited Power of Attorney

Limited (Special) Power of Attorney • 20 Pa.C.S. Chapter 56

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 managing one bank account. Your agent can act only for the purpose you describe.

1. **Sign the Notice page (Page 1)**
   Pennsylvania requires the Notice on every power of attorney, including limited ones.
2. **Describe the purpose in detail (Part 2)**
   Include addresses, account or VIN numbers, and dates where possible. Vague wording can lead a bank or title company to refuse it.
3. **Initial the powers needed (Part 3)**
   Grant only what the transaction requires.
4. **Choose when it ends (Parts 4–5)**
   When the purpose is complete or on a set date, and whether it survives incapacity.
5. **Sign before a notary and two witnesses**
   Do not sign ahead of time. Bring a current government photo ID.
6. **Agent signs the Acknowledgment**
   Your agent must sign the acknowledgment page before acting.

Signing requirements: Notary **and** two witnesses, age 18 or older. The agent, the notary, and anyone signing for you cannot be witnesses.

After It's Signed

- Give the original or a copy to your agent and to the bank, title company or office involved.
- For PennDOT vehicle matters, PennDOT 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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POWER OF ATTORNEY — NOTICE

(20 Pa.C.S. § 5601(c) — must appear at the beginning of the power of attorney and be signed by the principal)

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

X _____ Principal signature

Date

Principal printed name

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LIMITED (SPECIAL) POWER OF ATTORNEY

Commonwealth of Pennsylvania • 20 Pa.C.S. Chapter 56

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, is not qualified to serve, declines to serve, or (if my spouse) an action in divorce is filed, I appoint the following successor agent(s), to serve one at a time in the order named (20 Pa.C.S. § 5602(b)(2)) (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. POWERS GRANTED FOR THIS PURPOSE

To carry out the purpose above, my agent may exercise the following powers, as defined in 20 Pa.C.S. § 5603 (**initial each power you grant**):

- ☐ “To engage in real property transactions.”
- ☐ “To engage in tangible personal property transactions.”
- ☐ “To engage in stock, bond and other securities transactions.”
- ☐ “To engage in commodity and option transactions.”
- ☐ “To engage in banking and financial transactions.”
- ☐ “To borrow money.”

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- ☐ “To enter safe deposit boxes.”
- ☐ “To engage in insurance and annuity transactions.”
- ☐ “To engage in retirement plan transactions.”
- ☐ “To handle interests in estates and trusts.”
- ☐ “To pursue claims and litigation.”
- ☐ “To receive government benefits.”
- ☐ “To pursue tax matters.”
- ☐ “To operate a business or entity.”
- ☐ “To provide for personal and family maintenance.”

4. 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

5. EFFECT OF INCAPACITY (check one)

☐ This power of attorney remains in effect if I later become disabled or incapacitated (durable).

☐ This power of attorney ends if I become disabled or incapacitated (not durable).

6. RELIANCE AND COPIES

A photocopy of this power of attorney has the same effect as the original (20 Pa.C.S. § 5602(d)). Third parties may rely on it as provided in 20 Pa.C.S. § 5608. This power of attorney does not revoke any other power of attorney I have signed.

SIGNATURE OF PRINCIPAL

I sign this power of attorney on the date written below. I understand that it is effective as stated above and that it is durable unless I have indicated otherwise.

X _____
Principal signature (or mark)

Date

Principal printed name

County of residence

If the principal is unable to sign and directs another person to sign on the principal's behalf, that person signs here (this person may not serve as a witness):

X _____
Signature of person signing at principal's direction

Date

Printed name of person signing for principal

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Witnesses

Witnesses. We, the undersigned, are each 18 years of age or older. The principal signed (or acknowledged signing) this power of attorney in our presence. Neither of us is the agent named in this power of attorney, the notary public taking the acknowledgment, or a person who signed on behalf of the principal (20 Pa.C.S. § 5601(b)(3)(ii)).

X _____ Date

Witness 1 signature

Witness 1 printed name

Witness 1 address

X _____ Date

Witness 2 signature

Witness 2 printed name

Witness 2 address

ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF

This record was acknowledged before me on _____ (date) by _____ (name(s) of individual(s)).

X _____

Signature of notarial officer

Title of office (e.g., Notary Public)

My commission expires

Commission number

(Notary seal)

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AGENT ACKNOWLEDGMENTS

ACKNOWLEDGMENT EXECUTED BY AGENT

(20 Pa.C.S. § 5601(d) — the agent has no authority to act until this acknowledgment is signed and attached)

Agent printed name

I, the person named above, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

X _____ Date

Agent signature

ACKNOWLEDGMENT EXECUTED BY SUCCESSOR AGENT

(20 Pa.C.S. § 5601(d) — the agent has no authority to act until this acknowledgment is signed and attached)

Successor Agent printed name

I, the person named above, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

X _____ Date

Successor Agent signature

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