
SPECIAL POWER OF ATTORNEY

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

AUTHORITY 5 U.S.C. Section 301.

PRINCIPAL PURPOSE(S) : Special Power of Attorney is necessary to appoint in fact to effect specific transactions.

ROUTINE USE(S) : Information may be disclosed to SJA personnel and to individual's lawful attorney in fact to perform acts with third parties.

DISCLOSURE: Voluntary. Power of Attorney documents cannot be properly prepared without all requested information.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, the undersigned, _____ SSN _____, legal resident of _____, United States of America, have made, constituted and appointed, and by these presents do make, constitute and appoint _____ my true and lawful attorney to act as follows: that is to say:

GIVING AND GRANTING unto my said attorney full power:

FURTHER, I do authorize my aforesaid attorney in fact to perform all necessary acts in the execution of the aforesaid authorizations with the same validity as I could effect if personally present.

AND I HEREBY DECLARE that any act or thing lawfully done hereunder by my attorney shall be binding on myself and my heirs, legal and personal representatives, and assigns:

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the forgoing powers shall contain my name, followed by that of my said attorney and the designation attorney in fact.

I further declare that this power shall remain in affect even though I am reported listed, officially or otherwise, as missing , missing in action, or prisoner of war, it being my intention that the designation of such status shall not bar my said attorney from fully and completely exercising and continuing to exercise any and all powers and rights herein granted until this power of attorney is revoked by my death or as otherwise provided herein.

Additionally, my being carried in any of the aforementioned military status shall not constitute notice of my death sufficient revoked this instrument.

Further, this power of attorney shall remain in full force and effect until the occurrence of the first of the following circumstances: (1) my death; (2) the death of my said attorney; (3) revocation of this power of attorney by me; or (4) until _____.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this _____.

(Grantor's signature)

STATE: _____

COUNTY: _____

I, the undersigned, do hereby certify that I am duly commissioned, and authorized notary public in and for the state of Maryland, and that the grantor in the foregoing Power of Attorney, who is personally well known to me, appeared before me this day within the territorial limits of my authority and executed said instrument after the content thereof had been read and duly explained to him/her. And acknowledge that the execution of said instrument by him/her was free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hands and affixed my official seal this ____ day of _____, _____.

(Notary Signature)

(Notary typed/printed/stamped Name)

MY COMMISSION EXPIRES:
