

SPECIAL POWER OF ATTORNEY

**PREAMBLE:** This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

**KNOW ALL PERSONS BY THESE PRESENTS:**

That I, \_\_\_\_\_, The State of \_\_\_\_\_ a member of the United States Armed Forces, currently at \_\_\_\_\_, pursuant to Military Orders, do hereby appoint \_\_\_\_\_, of \_\_\_\_\_, my true and lawful attorney-in-fact to do the following in my name and in my behalf:

1. To accept on post housing assigned to me or my family members at Fort Lee, Virginia; to sign for me and take possession of such on post housing in my name; and sign for and take possession of my furniture, appliances, and equipment that may be authorized for use in or with such on post housing as I may be assigned; to execute all necessary documents, instruments or papers and perform all acts necessary to carry out the foregoing, to include signing the Fort Lee Lease and Resident Handbook.
2. To do any and all acts necessary and appropriate with the Defense Finance and Accounting Service (DFAS) Office, wherever located, including completing and filing with DFAS a DD Form 2558 (Authorization to Start, Stop, or Change an Allotment), to state, change, or stop an allotment to Fort Lee Commonwealth Communities, LLC, for an amount equal to my Basic Allowance for Housing. My attorney-in-fact is authorized to sign, seal and execute any and all documents, including, completing and filing with DFAS a DD Form 2558 (Authorization to Start, Stop, or Change an Allotment) to state, change or stop the said allotment.

**I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.**

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. All acts done by my Attorney hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I direct my attorney-in-fact to seek legal counsel in order to determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on \_\_\_\_\_ 200\_\_.

All business transacted hereunder for me for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

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 date, \_\_\_\_\_ 200\_\_.

\_\_\_\_\_

WITH THE ARMED FORCES OF THE UNITED STATES AT \_\_\_\_\_

Subscribed, sworn to and acknowledge before me by \_\_\_\_\_, who is known to me to be a member of the Armed Forces of the United States serving on Active Duty, on \_\_\_\_\_, 200\_\_. This acknowledgment is executed in my official capacity under the authority granted by Title 10, United States Code, Section 1044a, and AR 27-55, which also states that no seal is required on this acknowledgment.

Name, grade, and position of person providing notarial service