

Prepared by and Return to:
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44 East Broad Street, Suite 210
Bethlehem, PA 18018
610.691.7000

Parcel No. _____

NOTICE

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.

DATE: _____
_____, PRINCIPAL

LIMITED POWER OF ATTORNEY

I, _____, of _____,
appoint _____, as my agent, (hereinafter referred to as
"My Agent") with power to transact such business on my behalf as specified herein, as
though I myself were acting.

This power is limited to the following:

1. I specifically authorize and empower My Agent to represent me at a real
estate tax assessment appeal hearing before the Northampton County Revenue Appeals
Board regarding my property located at _____,
Northampton County, Pennsylvania, Parcel No. _____.

2. For the purposes of inducing the Northampton County Revenue Appeals Board
or other party to act in accordance with the powers granted in this document, I hereby
represent, warrant and agree that:

A. If this document is revoked or amended for any reason, I, my estate, my
heirs, successors, and assigns will hold such party or parties harmless from any loss
suffered, or liability incurred, by such party or parties in acting in accordance with this
document prior to that party's receipt of written notice of any such termination or
amendment or actual notice of my death.

B. The powers conferred on My Agent by this document may be exercised by
My Agent alone and My Agent's signature or act under the authority granted in this

document may be accepted by third parties as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf.

C. No person who acts in reliance upon any representation My Agent may make regarding the scope of authority granted under this document shall incur any liability to me, my estate, my heirs, successors or assigns for permitting my agent to exercise any such power, nor shall any person who deals with my agent be responsible to determine or insure the proper application of funds or property.

3. Questions pertaining to the validity, construction and powers created under this instrument shall be determined in accordance with the Laws of the Commonwealth of Pennsylvania.

4. I do hereby ratify and confirm all that My Agent shall lawfully do, or cause to be done, by virtue of this Limited Power of Attorney.

5. This Limited Power of Attorney shall not be affected by my physical or mental disability or incapacity or by uncertainty as to whether I am dead or alive, and it may be accepted and relied upon by anyone to whom it is presented until such person either (1) receives written notice of revocation by me or a guardian (or similar fiduciary) of my estate, or (2) has actual knowledge of my death.

IN WITNESS WHEREOF, and intending to be legally bound hereby, I have signed this Limited Power of Attorney this _____ day of _____, 20_____.

_____(SEAL)
_____, Principal

WITNESS: _____

Print Name: _____
Address _____

WITNESS: _____

Print Name: _____
Address _____

ACKNOWLEDGMENT

I, _____ 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 AN 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.

DATE: _____
_____, AGENT

STATE OF)

COUNTY OF) SS:

On this, the _____ day of _____, 20____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that (he/she) executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public