

## SPECIAL POWER OF ATTORNEY – DEPLOYERS/TDY (SINGLE)

THIS IS A MILITARY POWER OF ATTORNEY PREPARED AND EXECUTED PURSUANT TO TITLE 10, UNITED STATES CODE, SECTION 1044B, BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS A MILITARY POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY OR RECORDING THAT IS PROVIDED FOR POWERS OF ATTORNEY BY THE LAW OF ANY STATE, COMMONWEALTH, TERRITORY, DISTRICT, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT A MILITARY 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, that I, \_\_\_\_\_, a legal resident of \_\_\_\_\_ and presently residing at PSC 103 Box \_\_\_\_\_ APO, AE 09603 desiring to execute a SPECIAL POWER OF ATTORNEY, do hereby appoint \_\_\_\_\_ whose address is PSC 103 Box \_\_\_\_\_ APO, AE 09603 as my Attorney-in-Fact to act as follows, GRANTING unto my said Attorney full power to:**

*(Initial)* \_\_\_\_\_ **Housing - House/Home Fuels:** Sign any and all documentation, in my name, to end the lease for the property located at \_\_\_\_\_ and receive any and all monies owed to me. Sign any and all documentation deemed necessary for the purpose of paying my utilities with the Aviano Home Fuels Office and closing my Home Fuels Account.

*(Initial)* \_\_\_\_\_ **Housing - Dormitory:** Sign any and all documentation, in my name, to manage or end the lease for the property located at the following dormitory \_\_\_\_\_.

*(Initial)* \_\_\_\_\_ **House Sitting:** To perform any and all acts necessary or appropriate to maintain my house and real property and other attachments thereto, located at: \_\_\_\_\_.

*(Initial)* \_\_\_\_\_ **FMO:** Perform any and all acts necessary to return my FMO appliances and furniture. I understand that even though I am giving certain powers to my Attorney-in-Fact to turn in property to FMO, I am still responsible for damage to the property, payment of any costs, fees, taxes, or fines, and any other duties arising from my contractual obligation to FMO for this property. I further understand that this Power of Attorney does not transfer ownership or title of any personal or real property to my Attorney-in-Fact.

*(Initial)* \_\_\_\_\_ **Vehicle:** Take possession of, operate, register and/or deregister, make arrangements to dispose and perform all acts and sign all documents necessary in the sale and/or transfer of title, or order the removal of my privately owned vehicle; and deliver and process for shipment said vehicle from \_\_\_\_\_ to \_\_\_\_\_ at US Government expense under US Government Bill of Lading; and sign any and all documents required, necessary, or convenient for said purposes to effect the release of my said vehicle for shipment.

**YEAR:** \_\_\_\_\_ **MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **VIN:** \_\_\_\_\_

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*(Initial)* \_\_\_\_\_ **Veterinary:** Authorize and execute consent for any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed veterinarian selected by my Attorney-in-Fact for the health and well-being of my pet:

**Name:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Approximate Weight:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Approximate Weight:** \_\_\_\_\_

(Initial) \_\_\_\_\_ **TMO/HHG:** Complete all actions necessary to ship, accept, take possession, remove, or order the removal or acceptance of any of my household goods from or to any base, warehouse, depot, dock, or other place of storage and/or safekeeping, either governmental or private, and execute and deliver any receipt, inventory listing, or other instrument necessary or convenient for such purposes.

(Initial) \_\_\_\_\_ **Mail:** Sign for, using my name when required by the particular carrier to do so, and accept any mail or packages sent to me through the United States Postal Service or any other delivery carrier.

**TERMINATION: This Power of Attorney shall become null and void the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ unless I should become incapacitated; in that case, it shall remain in effect until revoked by me.**

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing," "missing-in-action," or "prisoner of war," then this power of attorney shall automatically remain valid and in full effect until sixty (60) days after I have returned to United States Military control following termination of such status.

IN WITNESS WHEREOF, I have hereunto set my hand this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Sign) \_\_\_\_\_

(Print Name) \_\_\_\_\_

**With the Armed Forces at Aviano Air Base, Italy**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, authorized the general powers of a Notary Public under the provisions of Title 10, United States Code, Section 1044a, certify that the person whose name is signed to this instrument is within the class defined by Title 10, United States Code, Section 1044, did personally appear before me and, after the contents of this instrument had been read and explained, did sign this instrument and acknowledge doing so freely and voluntarily for the uses, purposes, and considerations set forth above.

\_\_\_\_\_  
(Notary)