



Stephanie Garcia Richard, State Land Commissioner
State of New Mexico

LIMITED STATUTORY POWER OF ATTORNEY

NOTICE: THIS IS AN IMPORTANT DOCUMENT. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, YOU SHOULD ASK A LAWYER TO EXPLAIN THEM TO YOU. THIS FORM DOES NOT PROHIBIT THE USE OF ANY OTHER FORM. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

NOTICE: THIS POWER OF ATTORNEY DOES NOT AFFECT REAL ESTATE, SINCE ALL STATE AGRICULTURAL LEASES ARE CONSIDERED PERSONAL PROPERTY.

I, _____ reside at _____, New Mexico. I appoint _____ to serve as my Limited attorney-in-fact.

If my Limited attorney-in-fact appointed above is unable to serve, then I appoint _____ to serve as successor Limited attorney-in-fact in place of the person who is unable to serve.

This Limited power of attorney shall not be affected by my incapacity but will terminate upon my death unless I have revoked it prior to my death.

INITIAL IN THE BOX IN FRONT OF EACH AUTHORIZATION WHICH YOU DESIRE TO GIVE TO YOUR LIMITED ATTORNEY-IN-FACT. YOUR LIMITED ATTORNEY-IN-FACT SHALL BE AUTHORIZED TO ENGAGE ONLY IN THOSE ACTIVITIES WHICH ARE INITIALED.

INITIAL:

- ☐ 1. To make annual lease payments on state agricultural lease No. _____.
- ☐ 2. To sign all papers and do all other necessary acts to renew state agricultural lease No. _____ including but not limited to anything necessary to secure said lease during competitive bidding.
- ☐ 3. To negotiate with the New Mexico State Land Office regarding all matters pertaining to state agricultural lease No. _____.
- ☐ 4. To relinquish all or part of state agricultural lease No. _____.
- ☐ 5. To assign all or part of state agricultural lease No. _____.
- ☐ 6. To do any and all other acts I might do, sign any papers I might sign, all in connection with state agricultural lease No. _____.
- ☐ 7. ALL OF THE ABOVE POWERS. IF YOU INITIAL THE BOX IN FRONT OF LINE 7, YOU NEED NOT INITIAL ANY OTHER LINES.

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS YOU HAVE GRANTED TO YOUR AGENT.

CHECK AND INITIAL THE FOLLOWING PARAGRAPH IF YOU INTEND FOR THIS POWER OF ATTORNEY TO BECOME EFFECTIVE ONLY IF YOU BECOME INCAPACITATED. YOUR FAILURE TO DO SO WILL MEAN THAT YOUR LIMITED ATTORNEY-IN-FACT IS EMPOWERED TO ACT ON YOUR BEHALF FROM THE TIME YOU SIGN THIS DOCUMENT UNTIL YOUR DEATH UNLESS YOU REVOKE THE POWER BEFORE YOUR DEATH.

() This power of attorney shall become effective only if I
_____ become incapacitated. My Limited attorney-in-fact shall be
initials entitled to rely on notarized statements from two qualified health care professionals as
 to my incapacity. By incapacity I mean that among other things, I am unable to
 effectively manage my personal care, property or financial affairs.

This Limited power of attorney will not be affected by lapse of time. I agree that any third party who receives a copy of this power of attorney may act under it.

(Signature) _____

Dated: _____, 20____.

ACKNOWLEDGEMENT

STATE OF NEW MEXICO)

)ss.

COUNTY OF _____)

The foregoing Limited Power of Attorney was acknowledged before me on _____, 20____,
by _____.

(seal)

Notary Public

My Commission Expires:

BY ACCEPTING OR ACTING UNDER THE LIMITED POWER OF ATTORNEY, YOUR AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT ACTING ON YOUR BEHALF.

FEE - \$10.00 *When you provide a check as payment, you authorize the State of New Mexico to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.*

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