

POWER OF ATTORNEY

Know all men by these presents, that the undersigned does hereby make, constitute and appoint

LAST NAME		FIRST NAME				MI
STREET ADDRESS	6		CITY	S	TATE	ZIP CODE
	lawful attorney-in-fa or application for my					
MAKE YEAR			SERIAL NO.			
requisite, nece as the unders confirming all t In Witness who	o my said attorney-in essary and proper to signed might or cou that said attorney or ereof, the undersigne , 20	be done in and about the domitted by the domitter that the domitter is the domitter in	out the premises as er of substitution a awfully do or cause	fully and to and revoca to be done	all intents a tion hereby by virtue her	and purposes ratifying and reof.
X SIGNATURE OF PE	ERSON GIVING POWER O		SOCIAL SEC	CURITY NUMBE	ER OF BUYER/O	WNER
and for said Co	County ofounty personally appoint the signing of the fo	peared	Subscribed and s			who
•	Whereof, I have here	· ·	•		S	State of Ohio.
-		<u>,</u>	X NOTARY PUBLIC			
My commission expires						