

## **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		CITY	STATE	ZIP CODE
My true and lawful attorney-in-fact assignment of or application for my C	Certificate of Title co		g described mo	
MAKE	YEAR		SERIAL NO.	
And granting to my said attorney-in-farequisite, necessary and proper to be as the undersigned might or could confirming all that said attorney or his	e done in and abo do with full powe s substitute shall la	ut the premises as er of substitution a wfully do or cause t	fully and to all inding revocation to be done by vi	ntents and purposes hereby ratifying and rtue hereof.
In Witness whereof, the undersigned		me to be subscribe	d hereto this	
day of, 20	<u> </u>			
X SIGNATURE OF PERSON GIVING POWER OF A	TTORNEY	SOCIAL SEC	JRITY NUMBER OF	BUYER/OWNER
	ACKNOWL	EDGEMENT		
State of Ohio, County of				
and for said County personally appear	ared			who
acknowledged the signing of the fore	going instrument a	nd that such signing	g is his free act	and deed.
In Testimony Whereof, I have hereun	to set my hand an	d affixed my official	seal	
thisday of	<u>,</u> 20	in the county of		State of Ohio.
		X NOTARY PUBLIC		
		My commission	expires	