## **POWER OF ATTORNEY**

| I,  |   | , residing at   |
|---|---|---|
| by these presents, hereby constitute mak  | e and appoint   |   |
| residing at Attorney-in-Fact, to act in our name, enumerated powers and every legal p furtherance of the following purposes:  | =   | =   |
|   |   |   |
| To sign and deliver every document and mortgage to as Tax Map, County of  | I to do every act necessary or<br>, also known as Lot<br>, State of | proper for the execution of the on the said property known , on the in the amount of \$ |
| This instrument shall be construed and interpreted as a limited power of attorney.  |   |   |
| The rights, powers, and authority of said Attorney-in Fact granted in this instrument shall commence and be in full force and effect immediately and such rights, powers, and authority shall remain in full force and effect thereafter until we give notice in writing that such power is terminated. |   |   |
| This Power of Attorney is effective now, and shall remain effective in the event that we become disabled, mentally incompetent, or otherwise incapacitated.   |   |   |
| Date:   |   |   |
|   |   |   |

| STATE OF                    |  |
|-----------------------------|--|
| COUNTY OF                   | SS:  |
| Before me there appeared on | ,  |
| 9 9                         | , to me known to be the person(s) astrument, and they thereupon acknowledged that act and deed for the purposes expressed therein. |
|                             | Notary Public  |
| Record and Return to:       |  |
|                             |  |
|                             |  |
| Title Number:               |  |
| Prepared by:                |  |