

## **Limited Power of Attorney**

(with Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN

IT TO YOU. YOU MAY REVOKE TH	IIS POWER OF ATTORNEY IF YOU LATER	WISH TO DO SO.	5
TO ALL PERSONS, be it known, that I,	BRANDON GREEN		<b>~~</b>
of $\underline{7500 \text{ W}}$ . $\underline{14134 4}$ as Principal, do hereby make and grant	a limited and specific power of attorney to	46303 MELISSA J. GREEK	<u> </u>
of $7500  \text{W}$ . 1415+ $000  \text{M}$ and appoint and constitute said individual.	ual as my attorney-in-fact.	46303	7 6
my behalf to the same extent as if I had (Describe specific authority)	PERTAINING to the C	Tution and revocation in the present AGEEMENT and	nn nce:
The authority granted shall include such specific authorities and duties stated or	incidental acts as are reasonably required or necontemplated herein.	cessary to carry out and perform the	
My attorney-in-fact agrees to accept this capacity consistent with my best interest	s appointment subject to its terms, and agrees to ts as my attorney-in-fact deems advisable, and I t	act and perform in said declary thereupon ratify all acts socialized	P. F.
I agree to reimburse my attorney-in-fact bilities enumerated herein.	all reasonable costs and expenses incurred in the	e fulfill <mark>ment o</mark> f the duties and esp	opnai- 📛 🌁
Special durable provisions:			
the Principal giving written notice of revipower of attorney shall be protected unlupon recording of said revocation in the by a court of appropriate jurisdiction, thiam no longer incompetent.	cted by subsequent incapacity of the Principal. Thi ocation to the attorney-in-fact, provided that any less and until said party has either a) actual or copublic records where the Principal resides. Furthers Power of Attorney shall by Previously until successions.	y party relying in good faith upon to party relying in good faith upon to party relying of incomparty upon a finding of incomparty.	this b) etence
Other terms:	Akory Ha		
	LAKE COUNTY AUDITOR	J1373 <u>1</u>	
	OR	J13731	1400 6173416 edia, U.C. 26
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Signed under seal this day of day of	<u>ly</u> ,;	20 <u>08</u> .
Signed in the presence of:	2	
Witness: Aux Prin	cipal: Brundon He	m
Witness:		
With Cost.		
State of TUDIANA		
County of Lake }		
T. 20 0000	. /2 /2	
On July 30, 2003 before me, JERA appeared BRANDON GREEN	y W. WILLIAMS	· · · · · · · · · · · · · · · · · · ·
personally known to me (or proved to me on the basis of satisfactory evid	lence) to be the person whose name is su	
to the within instrument and acknowledged to me that he/she executed this/her signature on the instrument the person, or the entity upon behalf		
WITNESS my/t and and official seal.		
Signature:		,
	AffiantKnown <u>V</u> Type of ID <u></u> ててそいま	_Produced ID
	Type of 10	(Seal)
Documen	tis	
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