

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, JOHN Q OWNER, residing at JOHN Q OWNER ADDRESS being desirous of arranging through an attorney-in-fact for the transaction of my business with respect to the below described property, have herein named, appointed, and constituted, and by these presents do name, constitute, and appoint my attorney, YOU/YOUR BUSINESS, attorney-in-fact, and do authorize said attorney-in-fact, for me, and in my name, place, and stead, and on my behalf:

- I. To handle all aspects of locating, acquiring and collecting all funds due to me as the lawful X record titleholder or _____ lienholder of any unclaimed funds to wit and to which I may have a claim for unclaimed funds held by any governmental agency.
- II. To execute any documents including, but not limited to, Affidavit in Support of Claim for Surplus or Excess Proceeds, and to take action deemed necessary and appropriate with regard to said property and claim; and.
- III. To collect, settle, adjust, or compromise any claim for money arising by contract, to execute releases, cancellations, indemnifications or satisfactions with regard to this property and or claim for unclaimed funds; and
- IV. To The Specific financial act I grant my Attorney-in-Fact is:

File a claim for and handle all proceedings pertaining to the surplus/excess proceeds/overbid resulting from the Tax Deed Sale of the property as detailed below:

Auction Date and Location: **AUCTION DATE AND COUNTY**

Legal Description / Property Address: **LEGAL DESCRIPTION AND PROPERTY ADDRESS**

Tax Deed #: **FOUND ON OUR RECORDS** Parcel #: **FOUND ON OUR RECORDS**

_____ (John Q Signature) _____ (Date)

Notary Acknowledgement

State of _____ County of _____ Subscribed, Sworn and acknowledged before me by _____, the Principal, and subscribed and sworn to before me by _____, witness, this _____ day of _____, 20____

Notary Signature

Notary Public
In and for the County of _____ State of _____

My Commission Expires: _____

NOTARY SECTION

(Notary Seal)