

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 CO	DDE
My true and lawful attorney-in-factors assignment of or application for my	Certificate of Title c					
MAKE	YEAR		SERIAL NO.			
And granting to my said attorney-in requisite, necessary and proper to as the undersigned might or confirming all that said attorney or h	be done in and abo d do with full pow	ut the premises as er of substitution a	fully and nd revo	to all intent cation herel	ts and pu by ratifyiı	ırposes
In Witness whereof, the undersigned	d has caused his na	ame to be subscribe	d hereto	this		
day of, 20	<u></u> .					
X SIGNATURE OF PERSON GIVING POWER OF		SOCIAL SEC	URITY NUM	IBER OF BUYE	R/OWNER	
State of Ohio, County of		. Subscribed and sv	worn to b	efore me a	Notary P	ublic in
and for said County personally app	eared					who
acknowledged the signing of the for	regoing instrument a	ınd that such signing	g is his fr	ee act and	deed.	
In Testimony Whereof, I have herei	ınto set my hand an	d affixed my official	seal			
thisday of	<u>,</u> 20	in the county of			_ State o	f Ohio.
		X NOTARY PUBLIC				
My commission expires						