LIMITED POWER OF ATTORNEY

I, _____, ORIGINAL CLAIMANT ("OC"), residing in _____, _____ being of legal age and mentally competent, do hereby designate _____, as my true and lawful attorney-in-fact ("Rep"), only for the limited purpose of recovering monies and/or property being held by the funds holder.

Rep shall have the following limited powers:

1. Execute any and all petitions, letters, agreements and any and all other documents and writings necessary or convenient related to making legal claim to funds being held by the funds holder in my name, place and stead and/or direct direct/hire/oversee hiring additional legal counsel as needed at Rep's discretion;

2. Receive the check for the funds and to satisfy any agreements in force relating to these monies currently on file in the Rep's office.

3. Conduct all necessary ministerial and custodial functions as required and provide care of our address to the funds holder as your address for any notification or receipt of checks;

4. Prepare, sign and file any documents or forms and conduct notification as described/required by the funds holder, that may be required in these matters and to deal with the funds holder and any other County or State court officer as needed, and

5. Provide any/all information required by the funds holder necessary to claim the funds.

I authorize Rep to accept all checks in Rep's Name, deposit them in Rep's Account and disburse all funds so received pursuant to any previous agreements pertaining to these monies currently in force and on file with the Rep. This Limited Power of Attorney is effective upon execution and is not affected by my subsequent disability or incompetence. I reserve the right to revoke this Limited Power of Attorney with written notice, if the special unclaimed funds have not been recovered within twelve months of signing this agreement. I hereby indemnify and hold harmless any person who, in good faith, acts under this Limited Power of Attorney or transacts business with Rep, or persons associated with Rep.

This Limited Power of Attorney is made this _____ day of _____, 20____.

Signature of OC_____ Date _____

Printed/typed name of OC _____

State of _____ County of _____

On _____, before me, _____, personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the Assignment of Right to Surplus Funds and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary Signature _____ Date _____