

LIMITED POWER OF ATTORNEY

_____ =Approximate Dollar Value of the Property
_____ =Number of Shares of Stock to be Recovered (if applicable)
_____ =Percent to be paid as compensation to the Claimants Representative
_____ =Amount to be paid to Claimant’s Representative
_____ =Net Amount to be paid to Claimant

Property Account Numbers: _____

“I, _____, (Claimant’s name), hereby authorize _____, (Representative), to act on my behalf to file a claim for the above compensation to be paid from the Assets and remitted directly to _____, (Representative) if recovered pursuant to this authorization.”

FULL DISCLOSURE STATEMENT

The property is currently held by the Lee County Clerk of the Circuit Court. The mailing address of the Clerk is PO Box 2469, Fort Myers, FL 33902.

The property was remitted by: _____
Date of last contact: _____
Property Category: _____

Claimant agrees, by signing below, that the FULL DISCLOSURE STATEMENT has been read and fully understood.

X _____
Claimant Date

Address of Claimant

Phone Number of Claimant Taxpayer ID Number of Claimant

Name and Address to whom the warrant is to be issued (if different than Claimant)

_____, Name of Claimant’s Representative
_____, Address of Representative
_____, City, State, Zip of Representative
_____, Phone Number of Representative

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20__, by _____ (name of person acknowledging). He/she is personally known to me or has produced _____ (type of identification) as identification.

(Signature of Notary Public)

(Print, type or stamp name)