



**FAITH ANDREWS  
LAKE COUNTY CLERK OF COURTS**

--- Legal Office ---  
25 North Park Place  
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--- Title Central ---  
8804 Mentor Avenue  
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Phone: 440-350-2800  
Fax: 440-290-9253

--- Title West ---  
30188 Euclid Avenue  
Wickliffe, OH 44092  
Phone: 440-918-3425  
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## POWER OF ATTORNEY

(Please Note: Your signature MUST be notarized.)

KNOW ALL MEN BY THESE PRESENTS

That I, \_\_\_\_\_ residing at \_\_\_\_\_

Do hereby make, constitute and appoint:

Name \_\_\_\_\_ Address \_\_\_\_\_

My true and lawful attorney-in-fact for me and in my name, place and stead, to make and execute the assignment of or application for my Certificate of Title covering the following described motor vehicle:

Make \_\_\_\_\_ Year \_\_\_\_\_ VIN/HIN/MIN \_\_\_\_\_

And granting to my said attorney-in-fact full authority to do and perform all and every act whatsoever, requisite, necessary and proper to be done in and about the premises as fully and to all intents and purposes as the undersigned might or could do with full power of substitution and revocation hereby ratifying and confirming all that said attorney or his substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, the undersigned has caused his name to be subscribed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Social Security number of person giving power of attorney

\_\_\_\_\_  
Signature of person giving power of attorney

### Acknowledgment

Before me, a Notary Public, in and for \_\_\_\_\_ County, State of Ohio, personally appeared \_\_\_\_\_ who acknowledged the signing of this instrument and that such signing is his free act and deed.

In Testimony Whereof, I have set my hand and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

(seal)

\_\_\_\_\_  
Deputy Clerk / Notary

\_\_\_\_\_  
County, Ohio

My Commission expires: \_\_\_\_\_