



**FAITH ANDREWS
LAKE COUNTY CLERK OF COURTS**

--- Legal Office ---
25 North Park Place
Painesville, OH 44077
Phone: 440-350-2657
Fax: 440-350-2958

--- Title Central ---
8804 Mentor Avenue
Mentor, OH 44060
Phone: 440-350-2800
Fax: 440-290-9253

--- Title West ---
30188 Euclid Avenue
Wickliffe, OH 44092
Phone: 440-918-3425
Fax: 440-730-5025

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: _____