FAITH ANDREWS LAKE COUNTY CLERK OF COURTS

www.lakecountyohio.gov/cc 25 North Park Place Painesville, Ohio 44077-3416 Central (440) 350-2800 West (440) 918-3425



POWER OF ATTORNEY

(Please Note: Your signature MUST be notarized.)

KNOW ALL MEN BY	THESE PRESENTS		
That I,	residir	ng at	
Do hereby make, con	stitute and appoint:		
Name	Addre	SS	
		my name, place and stead, to make and efficiency first the following described mo	
Make	Year	Serial Number (VIN)	
requisite, necessary a purposes as the unde	and proper to be done in a right or could do	nority to do and perform all and every act wand about the premises as fully and to all into with full power of substitution and revocation is substitute shall lawfully do or cause to	tents and on hereby
In Witness Whereof, t	he undersigned has cause	ed his name to be subscribed	
day of	2	0	
Social Security number of per-	son giving power of attorney	Signature of person giving power of attorney	
	Ack	nowledgment	
Before me, a Notary Fhis free act and deed.	who acknowledge	County, State of Ohio, personal that sugar the signing of this instrument and that sugar that sugar the significant controls.	lly appeared uch signing is
In Testimony Whereo		affixed my official seal this	day
(seal)			
		Deputy Clerk / Notary	
		Co	ounty, Ohio
revised 10/2021		My Commission expires:	