

Prepared by: _____

This space for recorder use only.

Power of Attorney

KNOW ALL MEN BY THESE PREMISES

That _____ has/have made, constituted and appointed, and by these presents do make, constitute and appoint _____ attorney for me and in my name, place and stead

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises and fully, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the _____ day of _____, 20_____.

Signed, sealed and delivered in the presence of:

Witness Signature

Signature

Printed Name

Printed Name

Witness Signature

Post Office Address

Printed Name

STATE OF FLORIDA
COUNTY OF WALTON

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____, as identification and who did/did not take an oath.

Notary Public