Specific Power of Attorney

	ACKNOWI		<u></u>	Full N	Name		
			, the undersigned, do hereby grant a limited and				
social	security	number	specific	power			to
		Full N	ame				
of							
	Address			Phone	as my at	torney-in-fact	
	Said attorne	ey-in-fact sh	all have full	power and a	uthority to	undertake and	perform
only t	he following	acts on my	behalf:	-	•		-
1.							
3.							
TD1						11	
	-					sonably requi	ired to
carry	out and perfo	orm the speci	me aumorme	es granted ne	rem.		
to act		in said fiduc	ciary capacity	consistent v	•	its terms, and at interest, as r	_
revoke any pe	ed by me at a erson relying	on this pow	l shall autom er of attorney	atically be re y shall have f	evoked upor full rights to	of attorney men my death, property accept and recording of revoc	rovided eply
Si	gned this		day of		, 20	0	
							Signatu
DATI	E:						
NOT	ARY OF PUI	RLIC					