

DURABLE LIMITED POWER OF ATTORNEY

Know all men by these presents, THAT I, _____ do hereby make, constitute and appoint as my true and lawful attorney in fact Bruce A. Tischler, Esq. with full power to act for me and in my name, place, and stead, and to receive and endorse, if necessary, my name to any payment of ERISA plan benefits under claim number/policy number _____ arising out of the settlement, arbitration or Court determination of claim made by the _____, their agents, representatives, affiliates, assigns or any other entity responsible for payment of their claims, to which I am a designated payee, and to deposit said payment(s) into the Greene & Tischler, P.A. Trust Account for distribution in accordance with my signed Representation Agreement and distribution statement(s) which will be forwarded to me for approval and signature.

I hereby certify that I am sui juris and over the age of eighteen (18) at the time of execution of this instrument.

THIS DURABLE POWER OF ATTORNEY IS NOT AFFECTED BY SUBSEQUENT INCAPACITY OF THE PRINCIPAL, EXCEPT AS PROVIDED IN F.S. 709.08.

This Durable Limited Power of Attorney will remain in effect until my death, or until otherwise revoked by me in writing. Unless and until a third party relying on this Power has received written notice of revocation under F.S. Chapter 709, or written notice of my death, such third party may act in reliance upon the authority granted to my attorney-in fact herein.

Dated this _____ day of _____, 20_____.

Client Signature

Date

Street Address

City

State

Zip code

STATE OF FLORIDA

COUNTY OF _____

DURABLE LIMITED POWER OF ATTORNEY

The foregoing instrument was acknowledged before me on this _____ day of _____,
20____, by _____, who () is personally known
to me or () who has produced _____ as identification.

Signature of Notary Public

Printed Name of Notary Public

Comm. Exp. Date: _____

Comm. Number: _____

Witness Signature

Printed Name of Witness

Street Address

City

State

Zip code

Witness Signature

Printed Name of Witness

Street Address

City

State

Zip code