

I, \_\_\_\_\_ (Full Name) of \_\_\_\_\_ (Address) hereby appoint Notaries Fast of 1415 Hwy 85 N. Suite 310-532, Fayetteville, Georgia [30214] as my attorney in fact to act in my capacity to Sign, notarize and send documentation at my request that I may legally do by my own hand, where Notaries Fast will act in my stead as Acting Agent via this Power of Attorney. This power shall be in full force and effect on the date below written and shall remain in full force and effect until the conclusion of services or by cancelation in writing by either party. Furthermore I Indemnify Notaries Fast from all actions done on my behalf holding Notaries Fast harmless in all instances where actions are done in good faith with clean hands.

**Please also remember to include a copy of a photo ID with this form.**

\_\_\_\_\_  
Declarants Name Printed

\_\_\_\_\_  
Declarants Signature

### WITNESSES

We the undersigned Witnesses hereby STAND and Attest that the Declarant as seen above, signed this document on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_, of their Own Free Will, as witnessed by Our Signatures below:

\_\_\_\_\_  
First Witness Signature

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Second Witness Signature

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### JURAT

STATE OF \_\_\_\_\_ )

) Scilicet

County of \_\_\_\_\_ )

SUBSCRIBED TO before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 201\_\_,  
\_\_\_\_\_ a Notary, that \_\_\_\_\_,  
personally appeared and known to me to be the man whose name subscribed to the within instrument and acknowledged to be the same.

\_\_\_\_\_ Seal;

Notary Public in and for said State

My Commission expires; \_\_\_\_\_