

**LEGAL ASSISTANTS/
 PARALEGALS**
 KATHERINE CULKEEN
 JESSICA BOOTH
 FAYE ROUSOS

**LOSS MITIGATION
 SPECIALISTS**
 BUNNI LIEBERMAN
 KAREN LINNELL
 ASHLEY RENAUD
 AMANDA MASON

LIMITED POWER OF ATTORNEY

I/We, _____, whose address is _____, do hereby appoint the attorneys, employees and agents of Linnell & Associates, PLLC at 2804 Orchard Lake Road, Suite 203, Keego Harbor, Michigan 48320 as an attorney-in-fact to do for me/us and in my/our name the following:

1. To discuss and negotiate in my/our name, all aspects of my/our account with _____ bearing account number: _____, and to perform every act necessary and proper to be done in the exercise of the foregoing powers as fully as I/we might or could do if personally present, hereby ratifying and confirming all that my attorney-in-fact shall lawfully do or cause to be done by virtue hereof.

2. This power of attorney shall remain valid for one year from the date of its execution unless revoked by me/us in writing prior to that date.

3. I/We hereby release the above named lender, its affiliates, employees, officers, agents and directors from any claim(s) that might arise in connection with this authorization. This authorization shall remain in effect until revoked in writing.

Executed this _____ day of _____, 20__.

IN THE PRESENCE OF:

_____	_____	____ - ____ - ____	____/____/____
Witness	Borrower	Social Security #	Date of Birth
_____	_____	____ - ____ - ____	____/____/____
	Co - Borrower	Social Security #	Date of Birth

State of _____)
)s.s.
 County of _____)

On this ____ day of _____, 20__, before me, a Notary Public in and for said County, personally appeared _____ who, being duly sworn, did depose and say that the foregoing instrument was executed by him/her/them, and that the foregoing instrument constitutes his/her/their free and binding act.

_____, Notary Public
 My commission expires: _____