FOR SAMPLE PURPOSES ONLY – WITH FULL DISCLOSURE

LIMITED POWER OF ATTORNEY

$_________ = Approximate Dollar Value of the Property
_________ = Number of Shares of Stock to be Recovered (If Applicable)
_________ = Percent to be Paid as Compensation to the Claimant's Representative
$_________ = Amount to be Paid to Claimant's Representative
$_________ = Net Amount to be Paid to Claimant
Property Account Numbers:____________________

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FULL DISCLOSURE STATEMENT

The property is currently held by the State of Florida Department of Financial Services, Bureau of Unclaimed Property, pursuant to chapter 717, Florida Statutes. The mailing address of the Bureau of Unclaimed Property is P.O. Box 1910, Tallahassee, FL 32302-1910. The Internet address of the Bureau of Unclaimed Property is www.fltreasurehunt.org. The property was Remitted by: __________________________. Date of last contact: _________________. Property category:_______________________.

Claimant agrees, by signing below, that the FULL DISCLOSURE STATEMENT has been read and fully understood.

X__________________________________ _______________
John Brown, Claimant Date

____
Address of Claimant

______________________________ ____
Phone number of Claimant Taxpayer Identification Number of Claimant

____
Name and Address to whom the warrant is to be issued (if different from Claimant)

John Smith, Claimant's Representative
License Number 123456789
ABC Investigations, Inc.
456 Pine Tree Rd.
Tallahassee, FL 11111
Phone: (850) 555-5555