

## POWER OF ATTORNEY FOR DISCHARGES

The undersigned principal, \_\_\_\_\_ (Your Name Here) a natural man , an inhabitant on the Land in the original jurisdiction of the \_\_\_\_\_ (State here) Republic, does hereby designate UCL Trust, as agent and attorney in fact, to act in the following capacity on his/her behalf:

- 1) The attorney in fact shall have the limited power to sign the principal's name to certain documents as if the principal himself were signing on said documents. The documents, upon which the attorney in fact shall have authority to sign the principal's name, are limited in scope to the following: to acquire any/all documents for "Acceptances for Value" on any commercial documents deemed necessary included in post-Secured Party Creditor for any discharge Processes.
- 2) This special power of attorney shall become effective immediately and shall remain in effect until the documents are prepared or until revoked or terminated.
- 3) This power of attorney may be revoked, suspended or terminated in writing by principal with written notice to the designated attorney in fact.
- 4) This power of attorney may be extended as necessary by written authorization of principal with written notice to the designated attorney in fact.
- 5) The designated and acting attorney in fact and all persons dealing with the attorney in fact shall be entitled to rely upon this power of attorney so long as neither the attorney in fact nor any person with whom he was dealing at the time of any act taken pursuant to this power of attorney, had received actual knowledge or actual notice of any revocation, suspension, or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the principal.
- 6) The estate of the principal shall hold harmless and indemnify the attorney in fact from all liability for acts done in good faith and not in fraud of the principal.
- 7) The laws of The State of Michigan shall govern this power of attorney.

This power of attorney is signed on this \_\_\_\_\_ day of the month \_\_\_\_\_, AD 201\_ to be effective immediately.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_,

Address of Principal: \_\_\_\_\_

\_\_\_\_\_

Witness #1 Name: \_\_\_\_\_

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

\_\_\_\_\_

Witness #2 Name: \_\_\_\_\_

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

\_\_\_\_\_