Form #4

LIMITED POWER OF ATTORNEY For Unclaimed Property Claim

	er ty Claim
I, the undersigned, (<i>full legal name</i>)	, residing at
(street address)	
(city, state & zip code)	, appoint
(name of attorney in fact)	
(city, state & zip code)	
in fact with authority to act on my behalf only in relation to th	e matters specified below:
To act in my place to ask, collect, and receive all sums of kind that are now due, owing, or payable, or otherwin possession of the City of Sacramento, and he of which I a deliver any receipts, releases, or discharges of any debtor receipts, releases, or discharges were executed by me person	se belong to me, which are currently in the ld in my name [or in the name of m an owner or officer], and to execute and or obligation with the same effect as if those
This power of attorney is granted for a period of one year and and will terminate on, or sooner if revol	
Executed on [date], at	[<i>city</i>],[<i>state</i>].
	[typed name]
ACKNOWLEDG	MENT
State of	
City/County of	
On [<i>date</i>], before me,	[name and title of officer taking
acknowledgment], personally appeared	[name of person signing instrument], who
proved to me on the basis of satisfactory evidence to be the instrument and acknowledged to me that he <i>or</i> she executed by his <i>or</i> her signature on the instrument the person, or the entite the instrument.	the same in his or her authorized capacity, and that
I certify under PENALTY OF PERJURY under the laws of the State of .	that the forgoing is true and correct.

WITNESS my hand and official seal.

NOTARY PUBLIC

[Seal]