

**LIMITED POWER OF ATTORNEY
PERTAINING TO INSURANCE CLAIM**

STATE OF _____)

)SS:

COUNTY OF _____)

_____ (the "AGENT") of the Funeral Home listed below is hereby constituted and

appointed by the undersigned (the "PRINCIPAL") as my true and lawful attorney with full power in my name and stead and on my behalf and with full power to substitute at any time or times for any of the purposes described below one or more attorneys and to revoke the appointment of any attorneys so substituted and to do any of the following items that have been designated below by my initials:

(Initials) 1. To Obtain Information. To obtain from the INSURANCE COMPANY any and all information relating to the POLICY, including, but not limited to, the dollar amount of the proceeds available under the POLICY, whether the POLICY is paid up, whether there are any loans pending against the POLICY, and the names of the owner, primary beneficiary and any alternate beneficiary under the POLICY.

(Initials) 2. To Process Claim. To execute and submit to the INSURANCE COMPANY any and all documents and other information on behalf of the PRINCIPAL necessary to process the claim for all death benefits and any other benefits available under the POLICY.

(Initials) 3. To Collect Proceeds of Policy. To collect on behalf of the PRINCIPAL all proceeds of the POLICY payable to PRINCIPAL and to execute all necessary receipts, tax forms, and releases required by the INSURANCE COMPANY to effectuate the payment under the POLICY.

I hereby give and grant unto my said AGENT full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done to effectuate the powers set forth above as fully to all intents and purposes as I might or could do, if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said AGENT or substitute shall do, or cause to be done, by virtue hereof.

This Power of Attorney shall survive any disability to myself at any future time.

This Power of Attorney shall expire on _____ or upon my

(Expiration Date)

death, whichever occurs first.

Signature of Principal

PRINCIPAL'S NAME: _____

PRINCIPAL'S ADDRESS: _____

NAME OF INSURED/DECEDENT: _____

DATE OF DEATH: _____

FUNERAL HOME: _____

INSURANCE COMPANY: _____

(Name of Insurance Company)

POLICY: _____

(Policy Number(s) of Each Insurance Policy on Decedent's Life)

Be it remembered, that on this ____ day of _____, _____, before me a notary public in and

for said county and state, personally appeared the above named PRINCIPAL, known to me to be the same person described in and who executed this Limited Power of Attorney, and acknowledged that the PRINCIPAL did sign the foregoing instrument and that the same is the PRINCIPAL 's voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal, on the date and year last above mentioned.

Notary Public

My Commission Expires:

County of Residence

This instrument was prepared by:
T. Scott Gilligan, Esq.
Gilligan Law office
3734 Eastern Avenue
Cincinnati, Ohio 45226