

**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 Claimants Representative**  
\_\_\_\_\_ = **Amount to be paid to Claimant’s Representative**  
\_\_\_\_\_ = **Net Amount to be paid to Claimant**  
**Property Account Numbers:** \_\_\_\_\_

“I, \_\_\_\_\_ (Claimant’s name), hereby authorize \_\_\_\_\_ (Representative), to act on my behalf to file a claim for the above compensation to be paid from the Assets and remitted directly to \_\_\_\_\_ (Representative) if recovered pursuant to this authorization.”

**FULL DISCLOSURE STATEMENT**

The property is currently held by the State of Florida Department of Financial Services, *Division of Unclaimed Property, pursuant to chapter 717, Florida Statutes. The mailing address of the Division of Unclaimed Property is P.O. Box 8599, Tallahassee, FL 32314-8599. The internet address of the Division of Unclaimed Property is [www.fltreasurehunt.gov](http://www.fltreasurehunt.gov)*

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 \_\_\_\_\_  
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 Bottom Rd.  
Tallahassee, FL 11111  
Phone: (850) 555-5555