**LIMITED POWER OF ATTORNEY**

Property Address: 100 EAST MEDINA ROAD 234, ALEXANDRIA 06519-2512

TO WHOM IT MAY CONCERN:

I,  hereby appoint: Closeline Settlements AND ELLIOT LISS as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers.

The undersigned hereby agree, that Agent may execute and/or make corrections to such documents as may be necessary in order to correct inadvertent/clerical errors in any of the loan closing documents to enable lender to sell, convey, seek guaranty or insurance of, or market said loan to, any investor, including, but not limited to, Federal National Mortgage Association, Federal Home Loan Mortgage Corporation, the Federal Housing Administration or the Veterans Administration. In addition, I/we hereby specifically authorize my agent(s) to sign any document or affidavit on my behalf, including, but not limited to the loan application, Mortgage/Deed of Trust/Security Deed, or Warranty/Limited Warranty Deed that were/was executed in connection with this transaction. Such documents may be executed in order to facilitate recording in the county land records or to comply with lender requirements in connection with the loan. The parties further agree that in the event this procedure is utilized, the borrower or such other party involved shall be notified and shall receive a copy of the changed or additional document.

NOTICE:  
The purpose of this Power of Attorney is to give the person you designate (your "Agent") limited powers to handle negotiations and transactions on your behalf without advance notice to you or approval by you.

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

SAMMY TEST By: BARBARA HOPKINS, AUTHORIZED INDIVIDUAL

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
  
County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

The undersigned, a notary public in and for the above county and state, certifies that  
 known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
                                                                          Notary Public

                                                                          My commission expires: