Secured Party Creditor Necessary Information for Filing

Please print clearly so your agent can transcribed the information correctly

Secured Party's Name: _____

DEBTORS NAME:

Birth Date:/ (mm/dd/yyyy) Social Security No.: E-Mail Address: (This is a must! You or your contact must have an e-mail address)		ciaries (this is the person or people behalf of, usually an ideal beneficiary or your children)
Phone: ()		
Name of Second Trustee, this is a co-trustee that will also have access to help manage the trust estate. It is very important to trust this man/woman:	family members or frictorial to be discussed with released to any party u	gents Acting on your behalf such a ends you will allow this information (Please not information will not be unless they are listed here!)
Address of Second Trusee:		Ph:
Address of Second Trusee.		Ph:
		Ph:
		Ph: Ph:
Additional Documents needed for the Beco An original of the "Certificate of Live Birth (If you do not have a copy it can be obtained at the Vital Statist	(Long Form)"	·
(ii you do not have a copy it can be obtained at the vital statist	ics office for the state you w	ere born in.)
The trustees are major rolls that should be taken seriousl co-trustee. As well the second trustee will have to also be you choose to do so.	·	·
If referred to SFS who was it by? Name:		
Phone or	E-mail:	

POWER OF ATTORNEY BETWEEN PRINCIPAL AND AGENT

inhabita	nt on the Land in the original jurisdiction of	here), as principal, an fithe (State here) Republic, does hereby designate ncipal, to act in the following capacity in behalf of the principal.		
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: Security Agreement, Hold Harmless Agreement, Private Agreement as well as various "Acceptances for Value" on commercial documents and various necessary filings, and documents included in the Secured Party Creditor Process.			
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 as specified in paragraph 3 or extended as specified in paragraph 4.			
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)	1) This power of attorney may be extended as necessary by written authorization of principal with written notice to the designated attorney in fact.			
5)	upon this power of attorney so long as neither time of any act taken pursuant to this power revocation, suspension, or termination of the	and all persons dealing with the attorney in fact shall be entitled to rely er the attorney in fact nor any person with whom he was dealing at the er of attorney, had received actual knowledge or actual notice of any e power of attorney by death or otherwise. Any action so taken, unless binding on the heirs, devisees, legatees or personal representatives of		
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 pow	ver of attorney is signed on this day of	the month, AD 201_ to be effective immediately.		
Located at:		Signature: Principle		
	(This is your address.)	Print Name:		
First W	itness Signature	Second Witness Signature		
Print N Locatio	ame: on at:	Print Name: Location at:		