LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

This limited power of attorney is granted thisday of, 20 by the following individual, individuals or entity (hereinafter "grantor"):								
Name of grantor(s)	:							
Address of grantor	(s):							
	City	State	Zip					

Grantor does hereby make, constitute and appoint James E Craig, Attorney at Law, 243 Regency Circle, Suite Two, Fayette County, Lexington, Ky. 40503 grantor's true and lawful attorney in fact (hereinafter "my attorney") for grantor and in grantor's name, place and stead, in my attorney's sole discretion to transact, handle, and dispose of the limited matters set forth herein, specifically:

- 1) To file Forcible Detainer Complaints on grantor's behalf and to litigate those complaints according to the best judgment of my attorney; and
- 2) To execute and deliver to the appropriate legal court all documents needed to support the Forcible Detainer Complaints in order to obtain possession of grantor's real estate from tenants who are delinquent in payment of rent to grantor; and
- 2) To obtain judgments against tenants who owe grantor delinquent rent according to the terms of grantor's leases with those tenants; and
- 3) To use his best efforts to collect the delinquent rent owed to grantor according to the judgments obtained; and
- 4) To provide grantor with other legal services upon grantor's request:

This instrument is intended to and does hereby grant to my attorney full power and authority to do and perform each and every act and thing whatsoever requisite, necessary and proper to be done, in the exercise of any of the rights and powers herein granted, as fully, to all intents and purposes, as grantor might or could do if personally present, hereby ratifying and confirming all that my attorney shall do or cause to be done by virtue thereof.

The rights, powers and authority of my attorney shall commence upon the execution of this instrument and shall remain in full force and effect until terminated by grantor or my attorney in writing.

IN TESTIMONY WH	EREOF,		
Grantor			
Grantor			
Commonwealth of K	entucky:		
County of	:		
Kentucky, personally and personally know	/ appeared the a	above name factorily pro	, a notary public for the state of ed grantor who being duly sworn even to me to be the signer of the their signature was their free act
Notary Public	My commissio	on expires.	