

POWER OF ATTORNEY

STATE OF INDIANA-COUNTY OF ST. JOSEPH

I hereby appoint Communitywide Federal Credit Union by _____
as my attorney IN FACT TO SIGN MY NAME TO THE CERTIFICATE OF TITLE in registration
or releasing my interest in the vehicle subject to the registration as described below.

Year Make Identification Number

X _____ X _____

Subscribed and sworn before me this _____ day of _____.

Notary Public My Commission Expires _____