

POWER OF ATTORNEY

TO: _____

RE: Account in the name of _____

ACCOUNT NO: _____

I/We _____ as the Principal(s) do hereby appoint

Freedom Financial Law 1621 Hotel Circle So., Suite # E320, San Diego, California 92108 Ph: 619-429-1244
Debtfreelaw@yahoo.com

as my/our ATTORNEY-IN-FACT with full power and authority to perform each and every act which may be necessary or convenient to execute the following tasks as fully and for all intents and purposes as I/we might or could do if personally present, hereby ratifying and confirming all that my/our ATTORNEY-IN-FACT shall lawfully do or cause to be done in my name or behalf, to wit:

TO INTERCEED, INTERVENE, MEDIATE, NEGOTIATE, OR ARBITRATE THE SETTLEMENT OF ANY AND ALL OF MY/OUR CREDITOR CLAIMS, DISPUTES, SUITS, JUDGMENTS, OR LIENS.

NOTICE TO CEASE AND DESIST and REQUEST FOR DISCLOSURE

- A. TO THIRD-PARTY COLLECTORS OR AGENTS:** In accordance with the Fair Debt Collection Practices Act, I/we demand and direct that you, and specifically any collection agency, attorney, credit bureau, or any sub-agent thereof, are specifically instructed **NOT TO COMMUNICATE WITH ME/US BY ANY MEDIA AT MY/OUR PLACE OF EMPLOYMENT, PLACE OF BUSINESS, OR RESIDENCE.**
- B. TO ORIGINAL CREDITORS and THIRD PARTY COLLECTORS, OR AGENTS THEREOF:** I/we demand all future communications on any credit matter to be directed to my/our ATTORNEY-IN-FACT. Further, I/we demand that you contact my/our ATTORNEY-IN-FACT at the address and phone set forth above to begin communications designed to settle any credit or debt claim you have against me/us.
- C. NOTICE OF DUTY TO COMMUNICATE WITH ATTORNEY-IN-FACT:** Be it further known and understood that I/we hold the position that under the applicable State laws of agency, the Fair Debt Collections Practice Act, and the Fair Credit Reporting Act that any failure or refusal by you to recognize this power of attorney or to work with my/our ATTORNEY-IN-FACT in settlement of payment or dispute of amount owed on this account will constitute a refusal to work with me/us and, if you so choose, you do so at your own risk of liability or forfeiture or rights.
- D. AUTHORITY TO DISCLOSE INFORMATION:** All persons directly or constructively in receipt of this document, or any agent thereof, are specifically authorized to disclose, talk about, convey documents to, or otherwise provide my/our ATTORNEY-IN-FACT, anything and any and all information that they could or would otherwise provide or disclose to me/us including, but not limited to, any personal or confidential information.
- E. AUTHORITY TO ACCEPT COPY:** I/we endorse the use of copies and/or facsimile transmissions of this power of attorney or any other communication sent by me/us or my/our ATTORNEY-IN-FACT.
- F. REQUEST FOR DISCLOSURE OF INFORMATION:** I/we dispute that I/we owe the amount claimed by you as indicated by your records on the above-referenced account. However, this document is not an admission of debt or a promise to pay. To facilitate settlement, I/We request that the following information regarding the above-referenced account be forwarded as soon as possible to my/our ATTORNEY-IN-FACT
 1. Date the account opened.
 2. Copy of original credit contract.
 3. Dates of all additions to principal owed and amounts thereof.
 4. Copy of original signature of debtor for all transactions where credit, cash, or goods were given to debtor.

Signed: _____ Date: _____

Signed: _____ Date: _____