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JAMES N. HOGAN  
GLOUCESTER COUNTY CLERK  
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08/04/2004  
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## GLOUCESTER COUNTY RECORDING DATA PAGE

PLEASE DO NOT DETACH THIS PAGE FROM THE ORIGINAL  
DOCUMENT AS IT CONTAINS IMPORTANT INFORMATION AND  
IS PART OF THE PERMANENT RECORD.

3000  
POA RECORD & RETURN TO:

**FRANKLIN TITLE AGENCY**  
507 North Main Street  
Glassboro, NJ 08028  
F- 234 69

GLOUCESTER COUNTY RECORDING DATA PAGE  
JAMES N. HOGAN, COUNTY CLERK

# Power of Attorney for Sale of Real Estate

This Real Estate Power of Attorney is made on the 22nd of July, 2004  
BETWEEN the Principle,

**Suzanne W. Cribbs**, whose address is **139 East Avenue, Swedesboro, NJ 08085**  
D.O.B. 10-12-1963  
SS # 181-54-4246

individually referred to as "I" or "my,"  
AND the Agent(s),

**Kevin E. Cribbs**, whose address is **139 East Avenue, Swedesboro, NJ 08085**  
D.O.B. 12-13-1963  
SS# 193-48-4978

referred to as "you" or "your,"

1. **Grant of Authority.** I appoint You to act as my Agent (called an attorney in fact) to do each and every act which I could do personally for the following uses and purposes:

- a. To execute contracts, deeds, affidavits, RESPA, IRS 1099, and all forms and documents required in connection with the sale or purchase by me of real property located and described as follows:

Lot 1.02 Block 104 also known as 157 West Wolfert Station Road, East Greenwich Township, County of Gloucester, State of New Jersey

- b. To attend the closing of title and deliver the deed, affidavit of title, survey affidavit and other closing forms and documents;
- c. To represent me in all respects at the closing including but not limited to the negotiation, payment and settlement of all adjustments, liens, claims and encumbrances;
- d. To receive all proceeds from the sale of the property, including any refund of escrow funds or other mortgage payments;
- e. To forward to me all of the funds received from the sale of the property, after the payment of attorney fees to my attorney.
- f. To do all acts that I might or could have done in the sale of the property.
2. **Takes effect regardless of disability.** This Power of Attorney is effective now and remains in effect even if I become disabled or incapacitated.
3. **Signatures.** By signing below I acknowledge that I have received a copy of this Power of Attorney and I understand its terms.

Witnessed or Attested by:

Suzanne W. Cribbs (Seal)  
Suzanne W. Cribbs

Michael J. Barney

STATE OF NEW JERSEY, COUNTY OF GLOUCESTER

SS.

I CERTIFY that on July 22, 2004

Suzanne W. Cribbs personally came before me stated to my satisfaction that this person (or if more than one, each person):

**RECORD AND RETURN TO:**

**FRANKLIN TITLE AGENCY**  
507 North Main Street  
Glassboro, NJ 08028  
F-23469

- (a) was the maker of the attached instrument; and  
(b) executed this instrument as his/her own act.

Joanna M. Gahrs  
Print name and title below signature

**JOANNA M. GAHRS**  
NOTARY PUBLIC OF NEW JERSEY  
MY COMMISSION EXPIRES AUG. 20, 2007