

DELEGATION OF POWER OF ATTORNEY FOR SALE OF CHOMETZ

DATE _____ 20 _____

BE IT KNOWN THAT I, THE UNDERSIGNED (*NAME*) _____ RESIDING AT (*STREET*) _____ (*CITY*) _____ (*STATE*) _____ (*ZIP*) _____ DO HEREBY FULLY EMPOWER AND AUTHORIZE RABBI MOSHE HEINEMANN OF BALTIMORE, MARYLAND THROUGH "KINYAN SUDDAR" AND/OR THROUGH THIS DOCUMENT, TO SELL AND TRANSFER ALL LEGAL TITLE OF ALL THE FOLLOWING ITEMS OF PROPERTY POSSESSED BY ME, TO ANYONE OF HIS CHOICE.

1. ALL PRODUCTS MADE OF EITHER BARLEY, OATS, WHEAT, RYE OR SPELT, WHICH ARE CHOMETZ ACCORDING TO JEWISH LAW AND/OR TRADITION.
2. ALL PRODUCTS CONTAINING ANY MIXTURE OR DERIVATIVE OF THE GRAINS DESCRIBED ABOVE, WHICH ARE CHOMETZ ACCORDING TO JEWISH LAW AND/OR TRADITION.
3. ALL ITEMS WHICH HAVE BEEN PREPARED TOGETHER WITH CHOMETZ.
4. ANY AND ALL ITEMS OF PROPERTY WHICH THE MISHNEH BERURAH COMPILED BY THE CHOFETZ CHAIM LISTS OR DESCRIBES AS BEING THOSE ITEMS WHICH MAY NOT BE OWNED BY PERSONS OF THE JEWISH FAITH DURING THE PESACH HOLIDAY.
5. ALL ITEMS ABOUT WHICH THERE IS AN UNRESOLVABLE DOUBT WHETHER THEY FALL IN THE ABOVE CATEGORIES.
6. ITEMS TO WHICH ABOVE CATEGORIES 1-5 ARE ATTACHED AND WERE NOT ABLE TO BE CLEANED.
(*LIST, IF APPLICABLE*) _____

THE ABOVE MENTIONED ITEMS ARE TO BE FOUND PRIMARILY AT:

(*ADDRESS*) _____
(*ROOM*) _____ AND
ELSEWHERE.

THE ABOVE MENTIONED PRODUCTS HAVE AN APPROXIMATE VALUE OF \$ _____ (*FROM OTHER SIDE*).

I ALSO AUTHORIZE RABBI MOSHE HEINEMANN TO LEASE ALL OR ANY PROPERTY WHEREIN THE ABOVE MENTIONED ITEMS OWNED BY ME MAY BE FOUND AS HE DEEMS FIT, AND FOR SUCH A TIME WHICH HE BELIEVES TO BE PROPER. THE KEY TO THESE PREMISES IS AVAILABLE AT (*ADDRESS*) _____

I AUTHORIZE WHOEVER HAS MY KEY TO OPEN THE PREMISES TO THE BUYER OF MY CHOMETZ WHEN HE PRODUCES THIS DOCUMENT.

I ALSO GIVE SAID RABBI HEINEMANN FULL POWER AND AUTHORITY TO APPOINT A SUBSTITUTE IN HIS STEAD WITH FULL POWER TO SELL AND LEASE AS PROVIDED HEREIN.

(SIGNATURE) _____

Approximate Amount

Approximate Value

<input type="checkbox"/>	_____	Bread, Challah	\$ _____
<input type="checkbox"/>	_____	Rolls, Bagels	\$ _____
<input type="checkbox"/>	_____	Cakes, Cookies	\$ _____
<input type="checkbox"/>	_____	Crackers	\$ _____
<input type="checkbox"/>	_____	Chometz Matzoh/Meal	\$ _____
<input type="checkbox"/>	_____	Pretzels	\$ _____
<input type="checkbox"/>	_____	Other Baked Goods	\$ _____
<input type="checkbox"/>	_____	Pizza	\$ _____
<input type="checkbox"/>	_____	Pasta (Noodles, etc.)	\$ _____
<input type="checkbox"/>	_____	Canned Goods	\$ _____
<input type="checkbox"/>	_____	Frozen Foods	\$ _____
<input type="checkbox"/>	_____	Wheat Germ	\$ _____
<input type="checkbox"/>	_____	Ice Cream	\$ _____
<input type="checkbox"/>	_____	Flour	\$ _____
<input type="checkbox"/>	_____	Grains	\$ _____
<input type="checkbox"/>	_____	Whiskey	\$ _____
<input type="checkbox"/>	_____	Liqueurs	\$ _____
<input type="checkbox"/>	_____	Grain Alcohol	\$ _____
<input type="checkbox"/>	_____	Cosmetics	\$ _____
<input type="checkbox"/>	_____	Perfumes	\$ _____
<input type="checkbox"/>	_____	Medicines	\$ _____
<input type="checkbox"/>	_____	Stuffed Chicken	\$ _____
<input type="checkbox"/>	_____	Dough	\$ _____
<input type="checkbox"/>	_____	Play Dough	\$ _____
<input type="checkbox"/>	_____	Baked Beans	\$ _____
<input type="checkbox"/>	_____	Snack Foods	\$ _____
<input type="checkbox"/>	_____	Condiments	\$ _____
<input type="checkbox"/>	_____	Cereals	\$ _____
<input type="checkbox"/>	_____	Candy	\$ _____
<input type="checkbox"/>	_____	Dried Fruit	\$ _____
<input type="checkbox"/>	_____	Preserves	\$ _____
<input type="checkbox"/>	_____	Pickles	\$ _____
<input type="checkbox"/>	_____	Coffee	\$ _____
<input type="checkbox"/>	_____	Tea	\$ _____
<input type="checkbox"/>	_____	Soups	\$ _____
<input type="checkbox"/>	_____	Vitamins	\$ _____
<input type="checkbox"/>	_____	Pet Food	\$ _____
<input type="checkbox"/>	_____	Beer	\$ _____
<input type="checkbox"/>	_____	Yeast	\$ _____
<input type="checkbox"/>	_____	Stuffing	\$ _____
<input type="checkbox"/>	_____	Bread Crumbs	\$ _____
<input type="checkbox"/>	_____	Prepared Dinners	\$ _____
<input type="checkbox"/>	_____	Beverages	\$ _____
<input type="checkbox"/>	_____	Other (Specify)	\$ _____
<input type="checkbox"/>	_____	Other (Specify)	\$ _____
<input type="checkbox"/>	_____	Other (Specify)	\$ _____

TOTAL VALUE \$ _____