

# HADOUSCO. | PLLC

## ATTORNEYS AT LAW GLOBAL TRADE CONSULTING

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### **BY EMAIL ONLY**

To: **Safeco Insurance**  
Craig Erkfitz  
Senior Property Analyst  
Craig.erkfitz@safeco.com

From: Nick N. Hadous

Date: October 09, 2011

Pages: 1 + Enclosure

Re: **Ali Aoun**  
**Claim No. 7230 5747 4041**  
**Policy No. OK5604460**  
**Date of Loss: 09/06/2011**

Mr. Erkfitz,

We represent Mr. Ali Aoun, the *insured* under the above-referenced policy. Attached is a Limited Power of Attorney from Mr. Aoun, dated October 5, 2011, in favor of HadousCo. PLLC. Mr. Aoun has asked us to handle the processing of his claim. Accordingly, we hereby request that any request(s) for documents and/or information from Mr. Aoun by Safeco Insurance and/or its agents/employees be made through us.

This letter is without prejudice to any of Mr. Aoun's legal rights all of which are hereby expressly reserved. We look forward to working with you to achieve an expedient resolution to this matter. Please do not hesitate to contact directly at (313) 450-4670 should you have any questions regarding the forgoing.

**Cordially,**

**/s/Nick N. Hadous**

|AZ: 027529 | CA: 264431|

United States District Courts:

- District of Arizona

- Eastern District of Michigan

October 09, 2011

**Enclosure.**

**cc: Robert A. Hadous, Esq.** (w/encl.)  
(via rahadous@hadousco.com)

**Puckett & Faraj, PC**  
Haytham Faraj, Esq. (w/encl.)  
(via haytham@puckettfaraj.com)

**Derek Maki** (w/enc.)  
(via Ddrek.maki@libertymutual.com)


LIMITED POWER OF ATTORNEY ON BEHALF OF ALI AOUN

I, ALI AOUN, SOCIAL SECURITY NUMBER 385-72-3481 a resident of 1208 Johnson  
DEARBORN HEIGHTS, MICHIGAN I, hereby designate **HADOUSCO. PLLC**, whose address **835**  
**MASON, SUITE 150-A, DEARBORN, WAYNE COUNTY, MICHIGAN**, as my attorney-in-fact (the  
"Agent") on the following terms and conditions:

1. **Authority to Act.** The Agent is authorized to act for me under this Power of Attorney and shall exercise all powers in my best interests and for my welfare.
2. **Powers of Agent.** The Agent shall have the full power and authority to act on my behalf regarding the Safeco Insurance Policy No. OK5604460 and Claim No. 7230 5747 4041 (the "Claim"), including the following in furtherance thereof:
  - a. **Document Requests.** To request all documents or information needed in furtherance of the Claim and any matter herein.
  - b. **Claim Settlement.** To act on my behalf in discussing, estimating, and settling the Claim.
  - c. **Authority to Enter Agreements; Execute Documents.** To enter into agreements and to execute any documents in furtherance of any matter herein.
  - d. **Delegation of Authority.** To engage and dismiss agents, counsel, and employees in connection with any matter, upon such terms as my Agent determines.
3. **Reliance by Third Parties.** Third parties may rely upon the representations of the Agent as to all matters regarding powers granted to the Agent. No person who acts in reliance on the representations of the Agent or the authority granted under this Power of Attorney shall incur liability to me or to my estate for permitting the Agent to exercise any power prior to actual knowledge that the Power of Attorney has been revoked or terminated by operation of law or otherwise.
4. **Indemnification of Agent.** No agent named or substituted in this Power of Attorney shall incur any liability to me for acting or refraining from acting under this power of Attorney, except for such agent's own misconduct or gross negligence.
5. **Original Counterparts.** Electronic copies, Photocopies, and facsimile transmissions of this signed Power of Attorney shall be treated as original counterparts.

DATED THIS 5<sup>th</sup> DAY OF OCTOBER, 2014 - A.A

CLIENT SIGNATURE:

  
ALI AOUN

PRINTED NAME:

Ali Aoun  
ALI AOUN