

## POWER OF ATTORNEY (REAL ESTATE)

### IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions for you (the principal) and to act on your behalf concerning your real property. You should select someone you trust to serve as your agent.

Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This power of attorney does not authorize the agent to make health care decisions for you.

**If you have questions about this power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.**

### DESIGNATION OF AGENT

I, \_\_\_\_\_ (name of Principal),  
name the following person as my agent:

Name of agent: \_\_\_\_\_

Agent's address: \_\_\_\_\_

Agent's telephone number: \_\_\_\_\_

### GRANT OF AUTHORITY

I grant my agent the authority to act as my true and lawful agent and in my name, place, and stead for my sole use and benefit to grant, bargain, sell, convey, purchase, encumber, or contract for the sale or purchase of the following described real estate situate in the County of \_\_\_\_\_, State of \_\_\_\_\_:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My agent is authorized and empowered to collect such monies as may become due from the sale, and to make, execute, acknowledge and deliver contracts for sale, deeds, Deeds of Trust, and other instruments in writing of every kind and nature, including, but not limited to, the sale and loan closing documents and statements, upon such terms and conditions as my agent may deem necessary and convenient to accomplish such sale or conveyance of this real estate. My agent shall have full power and authority to do and perform all acts necessary to be done to complete a sale or conveyance of this real estate, as fully as I might do if personally present.

### LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant **MAY NOT** use my real property to benefit the agent or a person to whom the agent owes an obligation of support.

## SPECIAL INSTRUCTIONS

You may give special instructions on the following lines:

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## EFFECTIVE DATE AND TERMINATION

*INSTRUCTIONS: Choose the effective date of this power of attorney by initialing either (A) or (B). If neither is initialed, this power of attorney will be effective immediately. Initial (C) if you would like this power of attorney to automatically expire upon completion of its purpose, without any action on your part.*

- \_\_\_\_\_ (A) This power of attorney is effective immediately and is not affected by my subsequent incapacity.
- \_\_\_\_\_ (B) This Power of Attorney becomes effective upon my subsequent incapacity.
- \_\_\_\_\_ (C) This Power of Attorney shall automatically expire by its own terms upon completion of the limited purpose set forth herein.

## RELIANCE ON THIS POWER OF ATTORNEY

I, with full power of revocation, ratify and confirm all that my agent shall lawfully do or cause to be done by virtue of this Power of Attorney and the powers contained herein. Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

## SIGNATURE AND ACKNOWLEDGMENT

Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_

Print your name: \_\_\_\_\_

Address: \_\_\_\_\_

Your telephone number: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

This Power of Attorney was acknowledged before me on \_\_\_\_\_, (date) by \_\_\_\_\_, (Name of Principal)

Signature of notary \_\_\_\_\_

My commission expires: \_\_\_\_\_

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**AGENT'S CERTIFICATION AS TO THE VALIDITY OF  
POWER OF ATTORNEY AND AGENT'S AUTHORITY**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ (Name of Agent), certify under penalty of perjury that \_\_\_\_\_ (Name of Principal) granted me authority as an agent or successor agent in a power of attorney dated \_\_\_\_\_.

I further certify that to my knowledge:

(1) The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and

(4) \_\_\_\_\_

\_\_\_\_\_  
(Insert other relevant statements)

**SIGNATURE AND ACKNOWLEDGMENT**

Date \_\_\_\_\_

\_\_\_\_\_  
Agent's signature

Print agent's name: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

\_\_\_\_\_  
Agent's telephone number: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_, (date) by \_\_\_\_\_ (Name of Agent)

\_\_\_\_\_  
Signature of notary

My commission expires: \_\_\_\_\_