

Prepared by, recording requested by and
return to:

Name:
Company:
Address:
City:
State: Zip:
Phone:
Fax:

-----Above this Line for Official Use Only-----

**SPECIAL POWER OF ATTORNEY
FOR CLOSING REAL ESTATE TRANSACTION**
(Agent for Purchaser)

STATE OF CONNECTICUT
COUNTY OF _____

KNOW ALL MEN BY THESE PRESENT, THAT I
_____, whose address is
_____, _____ (City),
_____ (State), _____ (Zip), desiring to execute a SPECIAL
POWER OF ATTORNEY, hereby appoint, _____, of
_____ County, _____, as my Attorney-in-Fact to act as
follows, GRANTING unto my Attorney-in-Fact full power to:

To do all things necessary to close on the purchase of the property described
below, commonly known as _____
(address), with full power and authority for me and in my name to sign, seal,
execute, acknowledge, and deliver and accept any and all documents necessary to
effect the purchase and settlement on said property from the owner thereof,
including but not limited to, sales contracts and addendum thereto, negotiable
instruments, deeds, deeds of trust, or other instruments, disclosure statements,
closing or settlement statements, etc. FURTHER GRANTING full power and
authority to pay any funds for the purchase and the execution of any and all
documents in connection therewith, including, but not limited to notes, deeds of
trust or mortgages.

The legal description of the property is as follows, to-wit:

- See Legal Description Attached as Exhibit A incorporated by reference as though set forth in full
- Legal Description:

I hereby ratify and confirm all that said attorney-in-fact shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.

All acts done by means of this power shall be done in my name, and all instruments and documents executed by my Attorney hereunder shall contain my name, followed by that of my attorney and the description "Attorney-in-Fact", excepting however any situation where local practice differs from the procedure set forth herein, in that event local practice may be followed. This SPECIAL POWER OF ATTORNEY shall be valid and may be relied upon by any third parties until such time as any revocation is recorded in the recorder's office of the county where the land is located.

DATED this the _____ day of _____, 20_____.

Signature

Print Name: _____

Principal Name and Address	Attorney-in-Fact Name and Address
Name:	Name:
Address:	Address:
City:	City:

State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____

ATTESTATION

The hereinafter named Witnesses, each declare under penalty of perjury under the laws of the State of Connecticut, that the principal is personally known to us, that the principal signed and acknowledged this special power of attorney in our presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that we are not the person appointed as attorney-in-fact by this document and that we witnessed this power of attorney in the presence of the principal. We are not related to the principal by blood, marriage or adoption, and to the best of our knowledge, are not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

WITNESSES:

WITNESSES:

Signature
Print Name: _____
Address: _____
City: _____ State: _____
Zip: _____

Signature
Print Name: _____
Address: _____
City: _____ State: _____
Zip: _____

State of Connecticut
County of _____

On this the _____ day of _____, 20____, before me,

(name of notary), personally appeared
_____, known to me (or satisfactorily proven) to be
the person(s) whose name(s) _____ (is or are)
subscribed to the within instrument and acknowledged that _____ (he/she/they)
executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Date: _____

Notary Public

Print Name: _____

My Commission Expires:

EXHIBIT A