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 Seller)

STATE OF RHODE ISLAND	
COUNTY OF	
KNOW ALL MEN BY THESE PRESENT, THAT I, (Cit whose address is,	y),
(State),(Zip), desiring to execute a SPECIAL POWE	R
OF ATTORNEY, hereby appoint,, of	
County, Rhode Island, as my Attorney-in-Fact to act as follow	VS,
GRANTING unto my Attorney-in-Fact full power to:	
To do all things necessary to close on the sale of the property described below, commonly known as (address), with full pow	er
and authority for me and in my name to execute any and all documents necessary to effect the sale, conveyance and settlement on said property to any person or persons of his choosing, including but not limited to, deeds, checks, receipts, releases, warranties, affidavits, contracts, addenda, settlement statements, loan commitments and disclosure statements, truth-in-lending statements, all forms or commercial papers, endorsements to checks, or the like, and any such other instrument or instruments in writing of whatever kind, character and nature as may be necessary to complete the sale, financing arrangements, and the settleme process. FURTHER GRANTING full power and authority to collect and receive any funds or proceeds of said sale in any manner which, in his sole discretion, he sees fit.	y f nt

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

[INSERT DESCRIPTION OR ATTACH EXHIBIT]

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 .

Phone:

	Signature	
	Print Name:	
STATE OF RHODE ISLAND COUNTY OF		
In	, in said County on the	day
of	, before me persona, each and all to me known, a	ally
appeared	, each and all to me known, a	nd
know by me to be the party(ies) execu-	ting the foregoing instrument; and	
	acknowledged said instrument, by him/her	they/
executed, to be his/her/their free act ar	nd deed.	
	Notary Public	
	Notary Public Printed Name:	
My Commission Evnires:	Notary Public Printed Name:	
My Commission Expires:		
My Commission Expires:		
My Commission Expires: ———————————————————————————————————		
	Printed Name:	
Principal Name and Address	Printed Name: Attorney-in-Fact Name and Address	
Principal Name and Address Name:	Printed Name: Attorney-in-Fact Name and Address Name:	

Phone: