SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Purchaser)

STATE OF NORTH CAROLINA COUNTY OF
KNOW ALL MEN BY THESE PRESENT, THAT I, whose address is
hereby appoint,, of, of
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: [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-

ATED this the	day of		_, 20	
		Signature		
ATE OF NORTH CA				
the grantor or maker)) personally ap	peared before me the	his day and acknowled ficial seal is required b	(here give the naged the due execution of the by law) official seal
This the		day of	(year).	
fficial seal.)				
		Nota	ry Public	
y Commission Expire	es:	riiii)	ted Name:	
				
	es: — ume and Addre	ess	Attorney-in-Fact Name Name:	
Principal Na		ess	Attorney-in-Fact Name	
Principal Na Name:		ess	Attorney-in-Fact Name	
Principal Na Name: Address:	me and Addre	ess	Attorney-in-Fact Name Name: Address:	e and Address
Principal Na Name: Address: City:		PSS	Attorney-in-Fact Name Name: Address: City:	
Name: Address: City: State: Phone:	me and Addre	ess	Attorney-in-Fact Name Name: Address: City: State:	e and Address

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