

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 INDIANA  
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: \_\_\_\_\_

Witnessed by:

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_

STATE OF INDIANA  
COUNTY OF \_\_\_\_\_

Before me, the undersigned, a Notary Public, in and for said County and State, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

\_\_\_\_\_  
Notary Public  
Print Name: \_\_\_\_\_

My commission expires:

\_\_\_\_\_



## EXHIBIT A