

Document Number:

**SPECIAL POWER OF ATTORNEY FOR
CLOSING REAL ESTATE
TRANSACTION**

Prepared by, recording requested by and
return to:

Name:
Company:
Address:
City:
State: Zip:
Phone:
Fax:
Parcel Identification Number:

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

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

STATE OF WISCONSIN
COUNTY OF _____

KNOW ALL MEN BY THESE PRESENT, THAT I _____,
whose address is _____ (City),
_____ (State), _____ (Zip), and currently residing in
_____, County, _____, desiring to execute a SPECIAL
POWER OF ATTORNEY, hereby appoint, _____, of
_____ County, Wisconsin, 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:

[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____.

Signature
Print Name: _____

STATE OF WISCONSIN

COUNTY OF _____

The foregoing instrument was acknowledged before me on _____, (date) by _____ (name(s) of person(s)).

(Seal, if any)

Notary Public
Printed Name: _____

My Commission Expires:

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

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