

Assessor's Parcel Number \_\_\_\_\_

Prepared by, recording requested by and below document and assessor's tax statement 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 NEVADA  
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, Nevada, 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]

Name and mailing address of preparer of legal description if metes and bounds included in 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: \_\_\_\_\_

STATE OF NEVADA

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name(s) of person(s)).

\_\_\_\_\_  
Notary Public  
Printed Name: \_\_\_\_\_

(Seal)  
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: