This instrument was prepared by:	Send Tax Notice to:
(Name)	(Name)
(Street Address)	(Street Address)
(City, County, State, Zip Code)	(City, County, State, Zip Code)
SPECIAL POWER	OF ATTORNEY
THE POWERS GRANTED FROM THE PRINTHE FOLLOWING DOCUMENT ARE POWER TO PURCHASE REAL ESTATE OF FOLLOWING DOCUMENT SHOULD CONSIDERATION. IF YOU HAVE ANY OF YOU SHOULD SEEK COMPETENT ADVICE.	Purchaser) INCIPAL TO THE ATTORNEY-IN-FACT VERY BROAD. THEY INCLUDE THE N YOUR BEHALF. ACCORDINGLY, THE ONLY BE USED AFTER CAREFUL QUESTIONS ABOUT THIS DOCUMENT,
POWER OF ATTORNEY AT ANY TIME. STATE OF ALABAMA, COUNTY OF KNOW ALL MEN BY THESE PRESENT, THA (Name of Principal) whose address is	T I,
City, State, Zip Code) desiring to execute a SPEC appoint,	(Name of Agent) of, (Address), as my Attorney-
commonly known as power and authority for me and in my r deliver and accept any and all documents on said property from the owner thereof, it	name to sign, seal, execute, acknowledge, and necessary to effect the purchase and settlement including but not limited to, sales contracts and s, deeds, deeds of trust, or other instruments,
	authority to pay any funds for the purchase and s in connection therewith, including, but not es.
The legal description of the property is as follows	, to-wit:
See legal description attached hereto as Exhib	oit A and incorporated herein for all purposes.

Legal Description:		
I hereby ratify and confirm all that said attorney-in virtue of this Power of Attorney and the rights and		ne by
All acts done by means of this power shall be documents executed by my Attorney hereunder shattorney and the description "Attorney-in-Fact", expractice differs from the procedure set forth herein,	all contain my name, followed by that excepting however any situation where	of my local
This SPECIAL POWER OF ATTORNEY shall be parties until such time as any revocation is recordistrict initially set forth above.		
DATED:		
	Signature of Principal	
	Type/Print Name	
State of Alabama,	County	
I,, a, a, a, a, for said county in said state, hereby certify that(name is signed to the foregoing conveyance, and when this day that, being informed of the contents of t	, wh Name of Party Executing Document) ho is known to me, acknowledged before	ose e me
voluntarily on the same day the same bears date.		
Given under my hand this the day	y ot, 20	
My Commission expires:	(Signature of Officer) (Type or Print Name)	
	(1ype or Friii Name)	

Principal:	Attorney-in-Fact/Agent:
(Complete Name of Principal)	(Complete Name of Agent/Attorney-in-Fact)
(Street Address)	(Street Address)
(City, County, State, Zip Code)	(City, County, State, Zip Code)
(Telephone number, including area code)	

EXHIBIT A

Principal:	
Agent:	
Legal Description:	