

Prepared by: \_\_\_\_\_

After Recording, Return to:

\_\_\_\_\_  
(Full Name of Party)

\_\_\_\_\_  
(Company, if applicable)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State and Zip Code)

## SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Purchaser)

STATE OF ARKANSAS

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

KNOW ALL MEN BY THESE PRESENT, THAT I \_\_\_\_\_,  
(Name of Principal)

whose address is \_\_\_\_\_,  
(Street Address, City, State, Zip Code)

desiring to execute a SPECIAL POWER OF ATTORNEY, hereby appoint, \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_,  
(Name of Agent) (Street Address)

\_\_\_\_\_, as my Attorney-in-Fact  
(City, County, State, Zip Code)

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 hereto as Exhibit A and incorporated herein for all purposes.

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 recording district initially set forth above.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Type/Print Name

State of Arkansas, County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Type or Print 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)*

\_\_\_\_\_  
*(Telephone number, including area code)*

## EXHIBIT A

Principal:

Agent:

Legal Description: