

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 Seller)

CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "ATTORNEY-IN-FACT") BROAD POWERS TO CLOSE ON THE SALE OF PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

STATE OF ARIZONA

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 sale of the property described below, commonly known as _____ (address), with full power and authority for me and in my name to execute any and all documents necessary to effect the sale, conveyance and settlement on said property to any person or persons of his choosing, including but not limited to, deeds, checks, receipts, releases, warranties, affidavits, contracts, addenda, settlement statements, loan commitments and disclosure

statements, truth-in-lending statements, all forms of commercial papers, endorsements to checks, or the like, and any such other instrument or instruments in writing of whatever kind, character and nature as may be necessary to complete the sale, financing arrangements, and the settlement process.

FURTHER GRANTING full power and authority to collect and receive any funds or proceeds of said sale in any manner which, in his sole discretion, he sees fit.

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.

I, _____, the principal, sign my name to this power of attorney this _____ day of _____, 20____ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Signature of Principal

Type/Print Name

State of Arizona, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

Notary Public

Print or Type Name

My Commission Expires: _____

WITNESS

I, _____, the witness, sign my name to the foregoing special power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her special power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this special power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Signature of Witness

Type/Print Name

State of Arizona, County of _____

The foregoing was acknowledged before me this _____ day of _____,
20_____, by _____.

Notary Public

Print or Type Name

My Commission Expires: _____

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: