

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)

STATE OF CONNECTICUT

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 _____

(Name of Agent), of _____
(Street Address), _____ (City, County, State, Zip Code) 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 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.

DATED: _____

Signature of Principal

Type/Print Name

State of Connecticut, 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.

Date: _____

Signature of Notary Public

Date Commission Expires: _____

Print or Type Name

ATTESTATION

The hereinafter named Witnesses, each declare under penalty of perjury under the laws of the State of Connecticut, that the principal is personally known to us, that the principal signed and acknowledged this special power of attorney in our presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that we are not the person appointed as attorney-in-fact by this document and that we witnessed this power of attorney in

the presence of the principal. We are not related to the principal by blood, marriage or adoption, and to the best of our knowledge, are not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

(Signature of Witness)

(Signature of Witness)

(Complete Name of Witness)

(Complete Name of Witness)

(Street Address)

(Street Address)

(City, County, State, Zip Code)

(City, County, State, Zip Code)

State of Connecticut, 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.

Date: _____

Signature of Notary Public

Date Commission Expires: _____

Print or Type Name

Principal – Name and Address:

Attorney-in-Fact – Name and Address:

(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: