Prepared by:	
After Recording, Return to:	
(Full Name of Party)	
(Company, if applicable)	
(Street Address)	
(City, State and Zip Code)	

THIS POWER OF ATTORNEY AUTHORIZES THE PERSON NAMED BELOW AS MY ATTORNEY-IN-FACT TO DO ONE OR MORE OF THE FOLLOWING: TO SELL, LEASE, GRANT, ENCUMBER, RELEASE, OR OTHERWISE CONVEY ANY INTEREST IN MY REAL PROPERTY AND TO EXECUTE DEEDS AND ALL OTHER INSTRUMENTS ON MY BEHALF, UNLESS THIS POWER OF ATTORNEY IS OTHERWISE LIMITED HEREIN TO SPECIFIC REAL PROPERTY.

SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Seller)

DISTRICT OF COLUMBIA

KNOW ALL MEN BY THESE PRESENT, TH	łat I	
(Name of Principal), whose address is	(Street Address, City,	
State, Zip Code) desiring to execute a SPECIAL F		
(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:	
9	on the sale of the property described below,	
	(address), with full	
<u> </u>	name to execute any and all documents necessary	
to effect the sale, conveyance and settle	ment on said property to any person or persons of	
his choosing, including but not limited	l to, deeds, checks, receipts, releases, warranties,	
affidavits, contracts, addenda, settleme	ent 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 proces	SS.	

Special Power of Attorney Page 1 of 3

proceeds of said sale in any manner which, in his sole discretion, he sees fit.

FURTHER GRANTING full power and authority to collect and receive any funds or

The legal description of the property is as follows,	to-wit:	
See legal description attached hereto as ExhibitLegal Description:	A and incorporated herein for all purposes.	
I hereby ratify and confirm all that said attorney-invirtue of this Power of Attorney and the rights and	-	
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 parties until such time as any revocation is recordistrict initially set forth above.		
DATED:		
	Signature of Principal	
	Type/Print Name	
District of Columbia		
This instrument was acknowledged before me on the	, 20	
NOTARY	Signature of Notary Public	
SEAL	Printed Name of Notary	
	Commission Expiration Date	
Principal – Name and Address: A	ttorney-in-Fact – Name and Address:	

Special Power of Attorney Page 2 of 3

(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:	