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

I

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 Purchaser)

DISTRICT OF COLUMBIA

KNOW ALL MEN BY THES:	E PRESENT, TH	IAT I			_
(Name of Principal), whose addre	ss is		(Stre	et Address, City	' ,
State, Zip Code) desiring to execu	ite a SPECIAL P	OWER OF ATTO	RNEY, hereb	oy appoint _	_
	(Name of	Agent), of			
(Street Address),		(City, County,	State, Zip Code)	as my Attorr	ıey-
in-Fact to act as follows, GRA	NTING unto my	Attorney-in-Fact	full power to:		
To do all things neccommonly known as power and authority for to effect the sale, convenis choosing, including affidavits, contracts, actatements, truth-in-lender checks, or the like, and kind, character and in	er me and in my reyance and settled but not limited ddenda, settlements, d any such other	name to execute and ment on said proporto, deeds, checks nt statements, loa all forms of compristrument or inst	ny and all door erty to any pers, receipts, re commitments in warrants in w	ddress), with cuments nece erson or perso leases, warra nts and discl s, endorseme criting of wha	n full essary ons of anties, losure ents to atever
arrangements, and the s			complete th	ic bare, fina	

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.

Special Power of Attorney Page 1 of 3

The legal description of the property is as follows, t	co-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-in virtue of this Power of Attorney and the rights and J	· · · · · · · · · · · · · · · · · · ·
All acts done by means of this power shall be documents executed by my Attorney hereunder sh attorney and the description "Attorney-in-Fact", e practice differs from the procedure set forth herein,	all contain my name, followed by that of my excepting however any situation where 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
District of Columbia	Type/Print Name
This instrument was acknowledged before me on the by	day of , 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)		

Special Power of Attorney

EXHIBIT A

Principal:	
Agent:	
Legal Description:	