
(Tax Assessment Parcel Identification Number)

Prepared By:

(Name of Preparer)

(Street Address)

(City, State, Zip Code)

Return to:

(Name)

(Street Address)

(City, County, State, Zip Code)

Space above for Recording Information Only

SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Seller)

STATE OF DELAWARE

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 Delaware, County of _____

This instrument was acknowledged before me on this _____ day of _____, 20____ by _____.

GIVEN under my Hand and Seal of Office, the day and year aforesaid.

NOTARY
SEAL

Signature of Notary Public

Printed Name of Notary

Commission Expiration Date

Principal – Name and Address:

Attorney-in-Fact – Name and Address:

(Complete Name of Principal)

(Street Address)

(City, County, State, Zip Code)

(Telephone number, including area code)

(Complete Name of Agent/Attorney-in-Fact)

(Street Address)

(City, County, State, Zip Code)

(Telephone number, including area code)

EXHIBIT A

Principal:

Agent:

Legal Description: