

Prepared by:

\_\_\_\_\_

After Recording, Return to:

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**SPECIAL POWER OF ATTORNEY  
FOR CLOSING REAL ESTATE TRANSACTION**  
(Agent for Seller)

STATE OF FLORIDA  
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:

The following powers are specifically granted to my attorney-in-fact (principal must initial any powers wished to be granted below):

\_\_\_\_\_ (a) Create an inter vivos trust;

\_\_\_\_\_ (b) With respect to a trust created by or on behalf of the principal, amend, modify, revoke, or terminate the trust, but only if the trust instrument explicitly provides for amendment, modification, revocation, or termination by the settlor's agent;

\_\_\_\_\_ (c) Make a gift, subject to subsection (4) of Florida Statutes 709.2202 ;

\_\_\_\_\_ (d) Create or change rights of survivorship;

\_\_\_\_\_ (e) Create or change a beneficiary designation;

\_\_\_\_\_ (f) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan; or

\_\_\_\_\_ (g) Disclaim property and powers of appointment.

\_\_\_\_\_ (h) Authority to conduct investment transactions as provided in section 709.2208(2), Florida Statutes.

\_\_\_\_\_ (i) Authority to conduct banking transactions as provided in section 709.2208(1), Florida Statutes.

Notwithstanding the foregoing, the attorney in fact may not:

1. Perform duties under a contract that requires the exercise of personal services of the principal;
2. Make any affidavit as to the personal knowledge of the principal;
3. Vote in any public election on behalf of the principal;
4. Execute or revoke any will or codicil for the principal;
5. Create, amend, modify, or revoke any document or other disposition effective at the principal's death or transfer assets to

an existing trust created by the principal unless expressly authorized by the power of attorney; or

1. Exercise powers and authority granted to the principal as trustee or as court-appointed fiduciary.

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 county where the land is located.

DATED this the this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Witness

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Witness

Print Name: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_  
(date), by \_\_\_\_\_ (name), who is personally known to  
me or who has produced \_\_\_\_\_ (type of  
identification) as identification.

\_\_\_\_\_  
Notary Public

Printed Name: \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_

Commission #\_\_\_\_\_

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Principal Name and Address       | Attorney-in-Fact Name and Address |
| Name:                            | Name:                             |
| Address:                         | Address:                          |
| City:                            | City:                             |
| State:                      Zip: | State:                      Zip:  |
| Phone:                           | Phone:                            |

|                                  |                                  |
|----------------------------------|----------------------------------|
| Witness Name and Address         | Witness Name and Address         |
| Name:                            | Name:                            |
| Address:                         | Address:                         |
| City:                            | City:                            |
| State:                      Zip: | State:                      Zip: |
| Phone:                           | Phone:                           |