

Prepared by:

After Recording, Return to:

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

STATE OF FLORIDA

COUNTY OF _____

KNOW ALL MEN BY THESE PRESENT, THAT I

_____,

whose address is _____, desiring to execute a SPECIAL

POWER OF ATTORNEY, hereby appoint, _____, of

_____ County, Florida, 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 purchase of the property described below, commonly known as

_____ (address), with full power and authority for me and in my name to sign, seal, execute, acknowledge, and deliver and accept any and all documents necessary to effect the purchase and settlement on said property from the owner thereof, including but not limited to, sales contracts and addendum thereto, negotiable instruments, deeds, deeds of trust, or other instruments, disclosure statements, closing or settlement statements, etc.

FURTHER GRANTING full power and authority to pay any funds for the purchase and the execution of any and all documents in connection therewith, including, but not limited to notes, deeds of trust or mortgages.

The legal description of the property is as follows, to-wit:

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.

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.

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 _____ 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: