LAND CO	URT SYSTEM		REGULAR S	SYSTEM
Return by:	MAIL () P	PICKUP ()	ГО:	
		THIS I	DOCUMENT CONTAINS _	PAGES
 ΓΙΤLE OF 1	DOCUMENT:		POWER OF ATTORNEY TATE TRANSACTION (A	
PARTIES '	TO DOCUMENT	Г:		
	-			
PRINCIPA	AL: (Name of Princip			
	(Street Address)			
AGENT:	(City, County, Sto	ite, Zip Code)		
IGLIII.	(Name of Agent)			
	(Street Address)			
	(City, County, Sto			
	(City, County, Sit	ne, zip couej		
Parcel ID (Tax Map Key) N	0		

Special Power of Attorney Page 1 of 3

SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Seller)

STATE OF HAWAII	
COUNTY OF	
KNOW ALL MEN BY THESE PRESENT, THAT I	
whose address is	(Name of Principal)
(Street Address, C	City, State, Zip Code)
desiring to execute a SPECIAL POWER OF ATTORNEY	V hereby appoint
of	(Street Address)
(Name of Agent)	(Street Address)
	, as my Attorney-In-Fact
(City, Recording District/County, State, Zip Code)	
to act as follows, GRANTING unto my Attorney-in-Fact	full power to:
To do all things necessary to close on the purcommonly known as power and authority for me and in my name to deliver and accept any and all documents necessa on said property from the owner thereof, includin addendum thereto, negotiable instruments, deeds disclosure statements, closing or settlement statements.	(address), with full sign, seal, execute, acknowledge, and ary to effect the purchase and settlement g but not limited to, sales contracts and s, deeds of trust, or other instruments,
FURTHER GRANTING full power and authority the execution of any and all documents in collimited to notes, deeds of trust or mortgages.	
The legal description of the property is as follows, to-wit:	:
See Legal Description Attached as Exhibit A incorporated	by reference as though set forth in full
Legal Description:	

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

Special Power of Attorney Page 2 of 3

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.

IN WITNESS WHEREOF, I ha	we hereunto set my hand this day of	
, 20		
	Signature of Principal	
	Type/Print Name	
State of Hawaii, County of		
On this day of	, 20, before me,	
,]	personally appeared	
executed the same as his/her/their free WITNESS my hand and official seal.	act and deed.	
[CEAT]	Notary Public	
[SEAL]	Type or Print Name	
	My commission expires:	
(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)	

Special Power of Attorney Page 3 of 3

EXHIBIT A

Principal:

Attorney-in-Fact:

Legal Description: