D T (	
Preparer Information:	
(Name of Preparer, Street Address, Cit	y, State, Zip, Phone No.)
Taxpayer Information:	
(Individual/Company Name, Street Add	ress, City, State, Zip)
Return Document to:	
	ress, City, State, Zip)
EOD OLOGDI	
FOR CLOSIN	G REAL ESTATE TRANSACTION (Agent for Seller)
FOR CLOSIN STATE OF IOWA	G REAL ESTATE TRANSACTION (Agent for Seller)
	(Agent for Seller)
STATE OF IOWA COUNTY OF	(Agent for Seller)
STATE OF IOWA COUNTY OF KNOW ALL MEN BY THESE I	(Agent for Seller)
STATE OF IOWA  COUNTY OF  KNOW ALL MEN BY THESE I (Name of Principal), whose address State, Zip Code) desiring to execute	(Agent for Seller)  PRESENT, THAT I
STATE OF IOWA  COUNTY OF  KNOW ALL MEN BY THESE I (Name of Principal), whose address State, Zip Code) desiring to execute	(Agent for Seller)  PRESENT, THAT I(Street Address, City,

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.

in-Fact to act as follows, GRANTING unto my Attorney-in-Fact full power to:

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 purpos	ses.
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:	<u> </u>
	Signature of Principal
	Type/Print Name
State of Iowa, County of	
undersigned, a Notary Public in and for sa	, 20, before me, the id state, personally appeared to be the identical person named in and who executed
	cknowledged that he/she executed the same as his/her
	Signature
[Stamp]	Title of Officer

## EXHIBIT A

Principle:	
Attorney-in-Fact:	
Legal Description:	