This instrument was prepared by:	Send Tax Notice to:
(Name)	(Name)
(Street Address)	(Street Address)
(City, County, State, Zip Code)	(City, County, State, Zip Code)
FOR CLOSING REAL	ER OF ATTORNEY ESTATE TRANSACTION at for Seller)
STATE OF ILLINOIS	
COUNTY OF	
KNOW ALL MEN BY THESE PRESENT, T	
whose address is	(Name of Frincipal)
(Sti	reet Address, City, State, Zip Code)
desiring to execute a SPECIAL POWER OF	ATTORNEY, hereby appoint,
	of
(Name of Agent)	(Street Address)
	, as my Attorney-in-Fact
(City, County, State, Zip Code)	
to act as follows, GRANTING unto my Attorn	ney-in-Fact full power to:
commonly known as  power and authority for me and in my	e on the sale of the property described below (address), with fu name to execute any and all documents necessar lement 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, t	o-wit:
<ul><li>See legal description attached hereto as Exhibit</li><li>Legal Description:</li></ul>	A and incorporated herein for all purposes.
I hereby ratify and confirm all that said attorney-in virtue of this Power of Attorney and the rights and p	
All acts done by means of this power shall be documents executed by my Attorney hereunder shattorney and the description "Attorney-in-Fact", e practice differs from the procedure set forth herein,	all contain my name, followed by that of my excepting however any situation where local
This SPECIAL POWER OF ATTORNEY shall be parties until such time as any revocation is recordistrict initially set forth above.	2 2 2
DATED:	
	Signature of Principal
State of Illinois, County of	Type/Print Name
The foregoing instrument was acknowledged before by	
In Witness Whereof, I have hereunto set my hand a	nd seal the day and year before written.
	Notary Public

My commission expires:	Type or Print Name
	ATTESTATION
the State of Illinois, that the princip acknowledged this special power of sound mind and under no duress, fra as attorney-in-fact by this document of the principal. We are not related	sses, each declare under penalty of perjury under the laws of al is personally known to us, that the principal signed and attorney in our presence, that the principal appears to be of ud or undue influence, that we are not the person appointed and that we witnessed this power of attorney in the presence to the principal by blood, marriage or adoption, and to the ed to any part of the estate of the principal upon the death of ag or by operation of law.
(Signature)	(Signature)
(Print or Type Name)	(Print or Type Name)
(Street Address)	(Street Address)
(City, State and Zip Code)	(City, State and Zip Code)

## NOTICE TO AGENT

When you accept the authority granted under this power of attorney a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted in this power of attorney;
- (3) commingle the principal's funds with your funds;
- (4) borrow funds or other property from the principal, unless otherwise authorized;
- (5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name "as Agent" in the following manner:

"(Principal's Name) by (Your Name) as Agent"

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney's fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney.

## EXHIBIT A

Principal:	
Agent:	
Legal Description:	