

This instrument was prepared by:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, County, State, Zip Code)

Send Tax Notice to:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, County, State, Zip Code)

## **SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION**

(Agent for Seller)

STATE OF INDIANA

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:

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: \_\_\_\_\_

Signed, sealed and delivered in the presence of:

\_\_\_\_\_  
First Witness Signature

\_\_\_\_\_  
Signature of Grantor

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

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Second Witness Signature

Address: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
City, State and Zip

**STATE OF INDIANA,** \_\_\_\_\_ County, ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named \_\_\_\_\_, who acknowledged the execution of the foregoing SPECIAL POWER OF ATTORNEY FOR REAL ESTATE, and who, being duly sworn, stated that the representations therein contained are true.

Witness my hand and \_\_\_\_\_ Seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

A resident of \_\_\_\_\_ County

#### AFFIRMATION

“I affirm under penalties of perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.” (IC 36-2-11-15d)

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Print or Type Name

## EXHIBIT A

Principal:

Agent:

Legal Description: