Prepared by, recording requested by and return to:	
Name: Company: Address: City: State: Zip: Phone: Fax:	Above this Line for Official Use Only

The information above is provided in the event this form is to be recorded.

## SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Purchaser)

STATE of LOUISIAPARISH OF						
KNOW ALL MEN whose address	is		AT I, Zip) "Principal":		, 	(City)
appointed, and	by these	presents		constitute	and	appoint
limited powers, to w	'it:		-			
To do all thin commonly k	•	close on the	purchase of the	property descr		
accept any ar property fror addendum th disclosure sta power and ar	nd all document in the owner the tereto, negotiable atements, closin athority to pay a	ts necessary to creof, includir le instruments ag or settleme any funds for	seal, execute, aco effect the purchag but not limited s, deeds, deeds out statements, et the purchase and ding, but not limited	cknowledge, an hase and settled to, sales cont of trust, or othe c. FURTHER ( d the execution	nd deliver ment on s racts and er instrum GRANTI n of any a	and said nents, ING full nd all

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.

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.

IN WITNESS WHEREOF, I l, 20	have hereunto set my hand and seal this the day of
Ī	PRINCIPAL
F	Print Name:
I	Address:
	City, State, Zip:
	ATTESTATION
of the State of Louisiana, that the prin and acknowledged this limited power of sound mind and under no duress appointed as attorney-in-fact by this of the presence of the principal. We are	isses, each declare under penalty of perjury under the laws incipal is personally known to us, that the principal signed of attorney in our presence, that the principal appears to be as, fraud or undue influence, that we are not the person document and that we witnessed this power of attorney in not related to the principal by blood, marriage or adoption, not entitled to any part of the estate of the principal upon now existing or by operation of law.
WITNESSES:	WITNESSES:
Signature Print Name:	Signature Print Name: Address:
Address: State:	Address: State:
Zip:	

## STATE OF LOUISIANA

PARISH OF	
On this day	of,
, before me personal	b 11
	, to me known to be the person (or persons)
described in and who executed the foregoing executed it as (his/her) free act and deed.	ng instrument, and acknowledged that (he/she)
WITNESS my hand and official seal.	
	Notary Public
	Notary Fublic
	Print Name
My commission expires:	
<u> </u>	