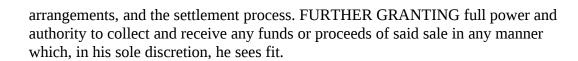
| Prepared By and After Recording Return to:   |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
| Send Tax Statements to Grantee (Name and Address):   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Above This Line Reserved For Official Use Only   |  |
| SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION (Agent for Seller)   |  |  |
| STATE OF MASSACHUSETTS COUNTY OF   |  |  |
| KNOW ALL MEN BY THESE PRESENT, THAT I  |  |  |
| (Name of Principal), whose address is  |  |  |
| City, State, Zip Code) desiring to execute a Sl  | PECIAL POWER OF ATTORNEY, hereby                 |  |
| appoint  |  |  |
| (Street Address  |  |  |
| <i>County, State, Zip Code)</i> as my Attorney-in-Fact to act as follows, GRANTING unto my Attorney-in-Fact full power to: |  |  |
| rittorney in ruce run power to.  |  |  |
| To do all things necessary to close on the sale of the property described below, commonly known as (address), with         |  |  |
|  | ne and in my name to execute any and all         |  |
| <u> </u>   | sale, conveyance and settlement on said          |  |
|  | 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 co  | ommercial papers, endorsements to checks, or     |  |
| 9  | ment or instruments in writing of whatever kind, |  |
| character and nature as may be necessary to complete the sale, financing   |  |  |



The legal description of the property is as follows, to-wit:

[INSERT DESCRIPTION OR ATTACH EXHIBIT]

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.

| DATED this the day of   |   | , 20             |  |
|---|---|------------------|--|
|   | Signature Print Name:   |                  |  |
|   |   |                  |  |
| State of Massachusetts  |   |                  |  |
| County  |   |                  |  |
| On this day of  |   |                  |  |
| executed the foregoing instrument, and acknown free act and deed. | e known to be the person (or pe<br>owledged that he/she/they exec |                  |  |
|   | Notary Public   |                  |  |
| My commission expires:  | Print Name:   |                  |  |
| Principal Name and Address  | Attorney-in-Fact  | Name and Address |  |
| Name:   | Name:   | ž                |  |
| Address:  | Address:  |                  |  |
| City:   | City:   |                  |  |
| State: Zip:   | State:  | Zip:             |  |
| Phone:  | Phone:  |                  |  |