Prepared by, recording requested by and return to:	
Name: Company: Address: City: State: Zip:	
Phone: Fax:	
FOR CLOSING R	POWER OF ATTORNEY EAL ESTATE TRANSACTION (Agent for Seller)
STATE OF MARYLAND COUNTY OF	
whose address is	SENT, THAT I,,
(	(City), (State), siring to execute a SPECIAL POWER OF
(Zip), des	siring to execute a SPECIAL POWER OF
ATTORNEY, hereby appoint,	
	County, Maryland, as my Attorney-in-Fact to act as
follows, GRANTING unto my Attorn	ley-in-Fact full power to:
commonly known as power and authority for me an necessary to effect the sale, corperson or persons of his choose receipts, releases, warranties, loan commitments and discloss forms of commercial papers, other instrument or instrument as may be necessary to complesettlement process. FURTHER	close on the sale of the property described below,  (address), with full ad in my name to execute any and all documents onveyance and settlement on said property to any sing, including but not limited to, deeds, checks, affidavits, contracts, addenda, settlement statements sure statements, truth-in-lending statements, all endorsements to checks, or the like, and any such ts in writing of whatever kind, character and nature ete the sale, financing arrangements, and the R GRANTING full power and authority to collect eeds of said sale in any manner which, in his sole

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 MARYLAND				
COUNTY OF				
Personally appeared before me, a Notary Public, in and for said county and state on this day of, 20, the within named				
whose name is subscribed to the within he/she/they (strike one) executed the sa	o me, or satisfactorily proven, to be the person instrument and who acknowledges that ame for the purposes therein contained.			
	Notary Public			
Print Name:				
My Commission Expires:				
Principal Name and Address	Attorney-in-Fact Name and Address			
Name:				
Address:				
City:				
State: Zip:				
Dhone:	Dhone:			

## WITNESS ATTESTATION

	regoing power of attorney was, on the o	late written abo	ove, published an	ıd declared
	(Name of Principal)			
reques	presence to be his/her power of attornet, and in the presence of each other, hav as attesting witnesses.			
	Witness #1 Signature			
	Witness #1 Name Printed	-		
	Witness #1 Address	-		
	Witness #1 Telephone Number	-		
	Witness #2 Signature			
	Witness #2 Name Printed	-		
	Witness #2 Address	-		
	Witness #2 Telephone Number			