

Prepared by, recording requested by and return to:

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Fax: _____

-----Above this Line for Official Use Only-----

**SPECIAL POWER OF ATTORNEY
FOR CLOSING REAL ESTATE TRANSACTION**
(Agent for Purchaser)

STATE OF MARYLAND
COUNTY OF _____

KNOW ALL MEN BY THESE PRESENT, THAT I, _____,
whose address is _____,
_____ (City), _____ (State),
_____ (Zip), desiring to execute a SPECIAL POWER OF
ATTORNEY, hereby appoint, _____, of
_____ County, Maryland, 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 purchase of the property described below, commonly known as _____ (address), with full power and authority for me and in my name to sign, seal, execute, acknowledge, and deliver and accept any and all documents necessary to effect the purchase and settlement on said property from the owner thereof, including but not limited to, sales contracts and addendum thereto, negotiable instruments, deeds, deeds of trust, or other instruments, disclosure statements, closing or settlement statements, etc. FURTHER GRANTING full power and authority to pay any funds for the purchase and the execution of any and all documents in connection therewith, including, but not limited to notes, deeds of trust or mortgages.

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 _____, known to me, or satisfactorily proven, to be the person whose name is subscribed to the within instrument and who acknowledges that he/she/they (strike one) executed the same for the purposes therein contained.

Notary Public
Print Name: _____

My Commission Expires:

Principal Name and Address	Attorney-in-Fact Name and Address
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: ___ Zip: _____	State: ___ Zip: _____
Phone: _____	Phone: _____

WITNESS ATTESTATION

The foregoing power of attorney was, on the date written above, published and declared by _____

(Name of Principal)

in our presence to be his/her power of attorney. We, in his/her presence and at his/her request, and in the presence of each other, have attested to the same and have signed our names 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