
SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Seller)

STATE OF MICHIGAN
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 _____, (*Address*), 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 as Exhibit A incorporated by reference as though set forth in full

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 county where the land is located.

DATED this the _____ day of _____, 20_____.

(Principal's Signature)

Principal's Name

Witness Signature

Witness Name

Witness Signature

Witness Name

AGENT'S ACKNOWLEDGEMENT

I, _____, have been appointed as attorney-in-fact for _____, the principal, under a durable power of attorney dated _____. By signing this document, I acknowledge that if and when I act as attorney-in-fact, all of the following apply:

(a) Except as provided in the durable power of attorney, I must act in accordance with the standards of care applicable to fiduciaries acting under durable powers of attorney.

(b) I must take reasonable steps to follow the instructions of the principal.

(c) Upon request of the principal, I must keep the principal informed of my actions. I must provide an accounting to the principal upon request of the principal, to a guardian or conservator appointed on behalf of the principal upon the request of that guardian or conservator, or pursuant to judicial order.

(d) I cannot make a gift from the principal's property, unless provided for in the durable power of attorney or by judicial order.

(e) Unless provided in the durable power of attorney or by judicial order, I, while acting as attorney-in-fact, shall not create an account or other asset in joint tenancy between the principal and me.

(f) I must maintain records of my transactions as attorney-in-fact, including receipts, disbursements, and investments.

(g) I may be liable for any damage or loss to the principal, and may be subject to any other available remedy, for breach of fiduciary duty owed to the principal. In the durable power of attorney, the principal may exonerate me of any liability to the principal for breach of fiduciary duty except for actions committed by me in bad faith or with reckless indifference. An exoneration clause is not enforceable if inserted as the result of my abuse of a fiduciary or confidential relationship to the principal.

(h) I may be subject to civil or criminal penalties if I violate my duties to the principal.

Signature: _____

Date: _____

Acknowledged before me in _____ County, Michigan, on _____, 20____ by _____.

(Stamp)

Notary Public Signature
Notary's Name _____
Acting in the County of _____

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 Name and Address | Witness Name and Address |
| Name: | Name: |
| Address: | Address: |
| City: | City: |
| State: Zip: | State: Zip: |
| Phone: | Phone: |

EXHIBIT A