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

STATE OF MICHIGAN
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, _____, 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:

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: _____

EXHIBIT A