

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

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

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENT, THAT I \_\_\_\_\_,  
whose address is \_\_\_\_\_ (Street) (City),  
\_\_\_\_\_ (State), \_\_\_\_\_ (Zip), desiring to execute a SPECIAL POWER OF  
ATTORNEY, hereby appoint, \_\_\_\_\_, of  
\_\_\_\_\_ County, Minnesota, 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:

[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 MINNESOTA )

) ss.

COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

\_\_\_\_\_  
 (Insert Name of Principal)

\_\_\_\_\_  
 (Signature of Notary Public or other Official)

Acknowledgement of notice to attorney(s)-in-fact and specimen signature of attorney(s)-in-fact.  
 By signing below, I acknowledge I have read and understand the IMPORTANT NOTICE TO ATTORNEY(S)-IN-FACT required by Minnesota Statutes, section 523.23, and understand and accept the scope of any limitations to the powers and duties delegated to me by this instrument.  
 (Notarization not required)

This instrument was drafted by:  
 \_\_\_\_\_

\_\_\_\_\_  
 Specimen Signature of Attorney(s)-in-Fact  
 (Notarization not required)

**IMPORTANT NOTICE TO THE ATTORNEY(S)-IN-FACT**

You have been nominated by the principal to act as an attorney-in-fact. You are under no duty to exercise the authority granted by the power of attorney. However, when you do exercise any power conferred by the power of attorney, you must:

- (1) act with the interests of the principal utmost in mind;
- (2) exercise the power in the same manner as an ordinarily prudent person of discretion and intelligence would exercise in the management of the person's own affairs;
- (3) render accountings as directed by the principal or whenever you reimburse yourself for expenditures made on behalf of the principal;

(4) act in good faith for the best interest of the principal, using due care, competence, and diligence;

(5) cease acting on behalf of the principal if you learn of any event that terminates this power of attorney or terminates your authority under this power of attorney, such as revocation by the principal of the power of attorney, the death of the principal, or the commencement of proceedings for dissolution, separation, or annulment of your marriage to the principal;

(6) disclose your identity as an attorney-in-fact whenever you act for the principal by signing in substantially the following manner:

Signature by a person as "attorney-in-fact for (name of the principal)" or "(name of the principal) by (name of the attorney-in-fact) the principal's attorney-in-fact";

(7) acknowledge you have read and understood this IMPORTANT NOTICE TO THE ATTORNEY(S)-IN-FACT by signing the power of attorney form.

You are personally liable to any person, including the principal, who is injured by an action taken by you in bad faith under the power of attorney or by your failure to account when the duty to account has arisen.

The meaning of the powers granted to you is contained in Minnesota Statutes, chapter 523. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

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

Prepared by, recording requested by and return to:

Name:

\_\_\_\_\_  
Company:

\_\_\_\_\_  
Address:

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_