

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

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

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 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 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;

