Above this Line for Official Use Only	Above this Line for Official Use Only
	ER OF ATTORNEY
	ESTATE TRANSACTION
	or Purchaser)
STATE OF MINNESOTA COUNTY OF	
COUNTY OF	
KNOW ALL MEN BY THESE PRESENT, THAT I	
whose address is	, (Street) (City),
whose address is (State), ((Zip), desiring to execute a SPECIAL POWER OF
ATTORNEY, hereby appoint,	, of
	s 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 purch	nase of the property described below, commonly known
as	(address), with full
power and authority for me and in my name to	o sign, seal, execute, acknowledge, and deliver and accept
	ourchase and settlement on said property from the owner
	racts and addendum thereto, negotiable instruments,
	closure statements, closing or settlement statements, etc.
	rity to pay any funds for the purchase and the execution of
	, 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 "Attorneyin-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 MINNESC)	DTA		
)) ss.		
COUNTY OF)		
The foregoing instrume	ent was acknowled	lged before me this day of	, by
	·		
(Insert Name of Princip	pal)		
		(Signature of Notary Public or o	other Official)
Acknowledgement of r	notice to attorney(s	s)-in-fact and specimen signature of attorney(,
By signing below, I acl ATTORNEY(S)-IN-FA	knowledge I have ACT required by M	read and understand the IMPORTANT NOT Ainnesota Statutes, section 523.23, and under ad duties delegated to me by this instrument. (Notarization not required)	ICE TO
This instrument w	vas drafted by:	Specimen Signature of Attorn (Notarization not requ	

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:	_
State:	Zip:
Phone:	
Fax:	
City: State: Phone:	Zip: