Above	this	Line	for	Official	Use	Onl	y
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SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Purchaser)

STATE OF MISSOURI	
COUNTY OF	
whose address is	PRESENT, THAT I,,
	, of
	County, Missouri, as my Attorney-in-Fact to act as
below, commonly known power and authority for and accept any settlement on said propert sales contracts and addend trust, or other instruments statements, etc. FURTHE funds for the purchase and	to close on the purchase of the property described as (address), with full me and in my name to sign, seal, execute, acknowledge, y and all documents necessary to effect the purchase and y from the owner thereof, including but not limited to, dum thereto, negotiable instruments, deeds, deeds of s, disclosure statements, closing or settlement R GRANTING full power and authority to pay any d the execution of any and all documents in connection 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 MISSOUF	21					
COUNTY OF						
On this	day of	in the year, before				
me, the undersigned no	otary public, perso	onally appeared				
		_, known to me to be the person(s) whose				
executed the same for		nstrument and acknowledged that he/she/they ein contained.				
In witness whereof, I h	nereunto set my ha	and and official seal.				
	Notary Public					
		Print Name:				
My commission expire	es:					
	_					
Principal Name a	nd Address	Attorney-in-Fact Name and Address				
Name:		Name:				
Address:		Address:				
City:		City:				
State: 7.	in:	State: Zin:				

Phone:

Phone: