
Prepared by:

Return to:

State of Mississippi

County of _____

_____ Judicial District

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

Name and Address of Owner/Seller:

Name and Address of Attorney in Fact:

☐ See Exhibit A attached hereto

☐ Legal Description

Indexing Instructions:

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, Mississippi, 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:

☐ 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_____.

Signature

Type or Print Name

STATE OF MISSISSIPPI

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for said county and state, on this _____ day of _____, 20_____, within my jurisdiction, the within named _____, who acknowledged that (he/she/they) executed the above and foregoing instrument.

Notary Public

Seal:

EXHIBIT A