Prepared by, recording requested by and return to:	
Name: Company: Address: City: State: Zip: Phone: Fax:	Above this Line for Official Use Only
	Above this Line for Official Use Only

SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Seller)

COUNTY OF	
KNOW ALL MEN BY THESE PRESENT, T	THAT I,
whose address is	,(City),
(State),	(Zip), desiring to execute a
SPECIAL POWER OF ATTORNEY, hereby	
County,	, as my Attorney-in-Fact to
act as follows, GRANTING unto my Attorney	v-in-Fact full power to:
commonly known as power and authority for me and in my necessary to effect the sale, conveyand person or persons of his choosing, included receipts, releases, warranties, affidavital loan commitments and disclosure states forms of commercial papers, endorsem other instrument or instruments in write as may be necessary to complete the satestelement process. FURTHER GRAN	nents to checks, or the like, and any such ing of whatever kind, character and nature

The legal description of the property is as follows, to-wit:

[INSERT DESCRIPTION OR ATTACH EXHIBIT]

STATE OF MONTANA

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	
		Signatur	e me:	
STATE OF MONTAN	ÍΑ			
COUNTY OF				
The instrument	_	-	on	(date),
		<u></u>	Notary Public	
		F	Printed Name:	
My Commission Expir	es:			

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