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

SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Purchaser)

| STATE OF MONTANA | |
|--|--|
| COUNTY OF | |
| KNOW ALL MEN BY THESE PRESENT, THA | |
| whose address is | ,(City) |
| (State), | (Zip), desiring to execute a SPECIAL |
| POWER OF ATTORNEY, hereby appoint, | |
| County, Montana, as my At | torney-in-Fact to act as follows, |
| GRANTING unto my Attorney-in-Fact full pow | er to: |
| To do all things necessary to close on the below, commonly known as with full power and authority for me and acknowledge, and deliver and accept any the purchase and settlement on said proposition to limited to, sales contracts and addeeds, deeds of trust, or other instrument settlement statements, etc. FURTHER Gray any funds for the purchase and the exconnection therewith, including, but not mortgages. | (address), in my name to sign, seal, execute, and all documents necessary to effect erty from the owner thereof, including dendum thereto, negotiable instruments, ts, disclosure statements, closing or RANTING full power and authority to execution of any and all documents in |

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 MONTANA COUNTY OF | |
| The instrument was acknowled by | lged before me on (date), (name(s)). |
| | Notary Public Printed Name: |
| My Commission Expires: | |
| | |
| Principal Name and Address | Attorney-in-Fact Name and Address |

Name:

City: State:

Phone:

Address:

Zip:

Name:

City:

State:

Phone:

Address:

Zip: