Prepared by, recording requested by and return to:	
Name: Company: Address: City: State: Zip: Phone: Fax:	
	Above this Line for Official Use Only
FOR CLOSING RE	OWER OF ATTORNEY EAL ESTATE TRANSACTION ent for Purchaser)
	ENT, THAT I,
whose address is	,(City),
(State),	
, County,	, desiring to execute a SPECIAL
	ooint,, of
follows, GRANTING unto my Attorne	Hampshire, as my Attorney-in-Fact to act as
Tonows, Great Trive unto my Attorne	y-iii-i act full power to.
To do all things necessary to cl	ose on the purchase of the property described
below, commonly known as	
(complete address, including al	l municipalities), with full power and authority for
	al, execute, acknowledge, and deliver and accept
<u> </u>	ry to effect the purchase and settlement on said
1 1 5	of, including but not limited to, sales contracts and

instruments, disclosure statements, closing or settlement statements, etc. FURTHER GRANTING full power and authority to pay any funds for the purchase and the execution of any and all documents in connection therewith,

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 "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 o	f, 20
	Signature Print Name:
State of New Har	mpshire County of
	acknowledged before me this (date) by (name of attorney in fact) as attorney in fact on behalf of (name of principal).
(Seal, if any)	(Signature of notarial officer)
	Title (and Rank)
[My con	nmission expires]
Principal Name and Addre	ss Attorney-in-Fact Name and Address
Name:	Name:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Phone:	Phone