

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 Seller)**

STATE OF NEW JERSEY
COUNTY OF _____

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, New Jersey, 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), _____ (lot and block number) (or), being that
no block number is available, recognized by account number
_____ (account number), 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:

[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 New Jersey, County of _____, ss:

I CERTIFY that on _____, _____,
_____ and _____ personally
came before me and acknowledged under oath to my satisfaction, that this person (or if
more than one, each person):

- a) is named in and personally signed the attached document; and
- b) signed and delivered this document as his/her/their act and deed.

Notary Public

Print Name:_____

My commission expires:

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