Prepared by and, after recording, return to:	
Name:	
Firm/Co.:	
Address:	
Address2:	
City & State:	
Zip Code:	
Phone:	
	EAL ESTATE TRANSACTION gent for Purchaser)
COUNTY OF	
whose address is	ENT, THAT I,
(City), (State),	(Zip), and currently residing in
	, desiring to execute a SPECIAL POWER
County	, of, as my Attorney-in-Fact to act as follows,
GRANTING unto my Attorney-in-Fac	et full power to:
below, commonly known as with full power and authority for acknowledge, and deliver and at the purchase and settlement on but not limited to, sales contract deeds, deeds of trust, or other settlement statements, etc. FUF	cose on the purchase of the property described (address), or me and in my name to sign, seal, execute, accept any and all documents necessary to effect said property from the owner thereof, including ets and addendum thereto, negotiable instruments, instruments, disclosure statements, closing or RTHER GRANTING full power and authority to and the execution of any and all documents in

Special Power of Attorney Page 1 of 3

connection therewith, including, but not limited to notes, deeds of trust or

mortgages.

The complete legal description of the property is as	follows, to-wit:
See Legal Description Attached as Exhibit A ir forth in full	acorporated by reference as though set
Legal Description:	
I hereby ratify and confirm all that said attorney-in- done by virtue of this Power of Attorney and the rig	•
All acts done by means of this power shall be done documents executed by my Attorney hereunder shall of my attorney and the description "Attorney-in-Fawhere local practice differs from the procedure set practice may be followed. This SPECIAL POWER may be relied upon by any third parties until such the recorder's office of the county where the land is	ll contain my name, followed by that ct", excepting however any situation forth herein, in that event local OF ATTORNEY shall be valid and time as any revocation is recorded in
DATED this the day of	_, 20
	Signature
	Print Name

Special Power of Attorney Page **2** of **3**

COUNTY OF, STA	ATE OF NEW MEXICO	
The foregoing instrument was acknowledged before me this day of, 20, by		
My Commission Expires:		
	Notary Public	

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

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EXHIBIT A