APN #:	
Recording Requested By:	
Return Documents to:	
Name:	
Address:	
City/State/Zip:	
Send Tax Statements to:	
Name:	
Address:	
City/State/Zip:	

SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Purchaser)

STATE OF NEVADA	
COUNTY OF	
KNOW ALL MEN BY THESE F	RESENT, THAT I,
whose address is	,(City),
(State),	(Zip), and currently residing in
County,	, desiring to execute a SPECIAL POWER OF
	, of
County,	, as my Attorney-in-Fact to act as follows,
GRANTING unto my Attorney-ii	ı-Fact full power to:
below, commonly known (address), with full power execute, acknowledge, and effect the purchase and se including but not limited to instruments, deeds, deeds closing or settlement state authority to pay any funds	to close on the purchase of the property described as and authority for me and in my name to sign, seal, deliver and accept any and all documents necessary to thement on said property from the owner thereof, o, sales contracts and addendum thereto, negotiable of trust, or other instruments, disclosure statements, ments, etc. FURTHER GRANTING full power and for the purchase and the execution of any and all herewith, including, but not limited to notes, deeds of

Special Power of Attorney Page 1 of 3

The legal description of the property is as follows:	llows, to-wit:	
See Legal Description Attached as Exhib forth in full	oit A incorporated by reference as though set	
Legal Description:		
Name and mailing address of preparer of leg in description:	•	
in description:		
I hereby ratify and confirm all that said attorned done by virtue of this Power of Attorney and	•	
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:	

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

State of Nevada County of	
	efore me on (date) by ne of person holding power of attorney) as attorney
in-fact forthe document).	(name of principal/person whose name is in
(Seal, if any)	(Signature of notarial officer)
	Title (and Rank)
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:

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

EXHIBIT A