return to:	
Name:	
Company:	
Address:	
City:	
State: Zip:	
Phone:	
Fax:	
	Above this Line for Official Use Only
FOR CLOSING RI	OWER OF ATTORNEY EAL ESTATE TRANSACTION gent for Purchaser)
STATE OF OKLAHOMA COUNTY OF	_
KNOW ALL MEN BY THESE PRES whose address is	SENT, THAT I,
(City) (State)	(Zip), and currently residing in
	desiring to execute a SPECIAL
	point,, desiring to execute a 51 Eem L
	ahoma, as my Attorney-in-Fact to act as follows,
GRANTING unto my Attorney-in-Fac	
below, commonly known as	
execute, acknowledge, and del effect the purchase and settlem including but not limited to, sa instruments, deeds, deeds of traction or settlement statement authority to pay any funds for the second	authority for me and in my name to sign, seal, iver and accept any and all documents necessary to lent on said property from the owner thereof, les contracts and addendum thereto, negotiable lust, or other instruments, disclosure statements, its, etc. FURTHER GRANTING full power and the purchase and the execution of any and all with, including, but not limited to notes, deeds of
The legal description of the property is	s as follows, to-wit:
[INSERT DESCRIPTION OR ATTA	CH 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.

20

day of

DATED this the

DII	and the day of	, 20
		Signature Print Name:
STA	ATE OF OKLAHOMA	
CO	UNTY OF	
by _	This instrument was acknowledge	ed before me on (date) (name(s) of person(s)).
		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: