

Prepared by, recording requested by  
and return to:

Name: \_\_\_\_\_  
UPI Number: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**NOTICE**

-----Above this Line for Official  
Use Only-----

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE

SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

Date: \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Print Name

#### AGENT'S ACKNOWLEDGMENT

I, \_\_\_\_\_, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

Date: \_\_\_\_\_

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Print Name

**SPECIAL POWER OF ATTORNEY  
FOR CLOSING REAL ESTATE TRANSACTION  
(Agent for Seller)**

STATE OF PENNSYLVANIA  
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, Pennsylvania, as my Agent-in-Fact to act as follows, GRANTING unto my Agent-in-Fact full power to:

To do all things necessary to close on the sale of the property described below, commonly known as \_\_\_\_\_ (address), 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 agent-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 Agent hereunder shall contain my name, followed by that of my attorney and the description "Agent-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: \_\_\_\_\_

ATTESTATION OF WITNESSES

The hereinafter named Witnesses, each declare under penalty of perjury under the laws of the State of Pennsylvania, that the principal is personally known to us, that the principal signed and acknowledged this special power of attorney in our presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that we are not the person appointed as attorney-in-fact by this document and that we witnessed this power of attorney in the presence of the principal. We are 18 years of age or older and not the individuals who signed the power of attorney on behalf of and at the direction of the principal, or the notary public, or other person authorized by law to take acknowledgments before whom the power of attorney is acknowledged We are not related to the principal by blood, marriage or adoption, and to the best of our knowledge, are not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

State of \_\_\_\_\_ County of \_\_\_\_\_

This record was acknowledged before me on \_\_\_\_\_ (date) by  
\_\_\_\_\_  
(name(s) of attorney) Supreme Court  
identification number \_\_\_\_\_ as a member of the bar of the  
Pennsylvania Supreme Court certified that he/ she was personally present when  
\_\_\_\_\_  
(name(s) of individual(s) executed the  
record and that \_\_\_\_\_ (name(s) of individual(s))  
executed the record for the purposes contained therein.

Stamp

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
Title of Officer

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: