Prepared by, recording requested by and 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 Agent for Seller)
STATE OF RHODE ISLAND COUNTY OF	_
whose address is	EENT, THAT I,
(City),	(State),(Zip),
desiring to execute a SPECIAL POWE	ER OF ATTORNEY, hereby appoint,
, of	County, Rhode
Island, as my Attorney-in-Fact to act a	s follows, GRANTING unto my Attorney-in-Fact
full power to:	
commonly known as	lose on the sale of the property described below,
and all documents necessary to property to any person or perso deeds, checks, receipts, release settlement statements, loan cor	authority for me and in my name to execute any effect the sale, conveyance and settlement on said ons of his choosing, including but not limited to, es, warranties, affidavits, contracts, addenda, mmitments and disclosure statements, truth-inf commercial papers, endorsements to checks, or
the like, and any such other ins character and nature as may be arrangements, and the settleme	strument or instruments in writing of whatever kind, e necessary to complete the sale, financing ent process. FURTHER GRANTING full power reive any funds or proceeds of said sale in any
The legal description of the property is	s 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			
		Signature		
		Print Name:		
STATE OF RHODE I	SLAND			
COUNTY OF				
In		, in said County on the	day	
of	,	, before me personally appeared	d	
		_, each and all to me known, and l		
be the party(ies) execu	iting the foregoin	g instrument; and		
acknowledged said ins deed.	strument, by him	/her/they executed, to be his/her/th	neir free act and	
		Notary Public		
		Printed Name:		
My Commission Expi	res:			
Principal Name and Addre	SS	Attorney-in-Fact Name and Add	lress	
Name:		Name:		
Address:		Address:		
City:		City:		
State: Zip:		State:	Zip:	
Phone:		Phone:		