Prepared by, recording requested by and return to:	
Name:	
Company:	
Address:	
City:	
State: Zip:	
Phone:	
Fax:	
	Above this Line for Official Use Only
	Omy

SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Seller)

STATE OF SOUTH CAROLINA	
COUNTY OF	
KNOW ALL MEN BY THESE PI	RESENT, THAT I,
whose address is	,(City),
(State),	(Zip), desiring to execute a SPECIAL
	appoint,, of
County,	South Carolina, as my Attorney-in-Fact to act as
follows, GRANTING unto my Att	orney-in-Fact full power to:
commonly known as (address), with full power a and all documents necessar property to any person or p deeds, checks, receipts, relessettlement statements, loan lending statements, all form the like, and any such other character and nature as may arrangements, and the settle	to close on the sale of the property described below, and authority for me and in my name to execute any by to effect the sale, conveyance and settlement on said bersons of his choosing, including but not limited to, eases, warranties, affidavits, contracts, addenda, commitments and disclosure statements, truth-in- ens of commercial papers, endorsements to checks, or exist instrument or instruments in writing of whatever kind, by be necessary to complete the sale, financing ement process. FURTHER GRANTING full power directive any funds or proceeds of said sale in any 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 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	, 20	
		Signature	
		Print Name:	
Witness			
Print Name:			
 Witness			
Print Name:			
STATE OF SOUTH	CAROLINA		
COUNTY OF		_	
The foregoing	g instrument was a	cknowledged before me this	
			(name of
person acknowledged	l).		
		Notary Public	
		Print Name:	
My commission expi	res:		
J - F			

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

Witness Name and Address	Witness Name and Address
Name:	Name:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Phone:	Phone: