return to:	
Name: Company: Address: City: State: Zip: Phone: Fax:	
	Above this Line for Official Use Only

## SPECIAL POWER OF ATTORNEY FOR CLOSING REAL ESTATE TRANSACTION

(Agent for Purchaser)

STATE OF SOUTH DAKOTA	
COUNTY OF	
KNOW ALL MEN BY THESE PRESENT, THA	ГΙ ,
whose address is	
(State),	(Zip), and currently residing in
, County,	
POWER OF ATTORNEY, hereby appoint,	
County,	, as my Attorney-in-Fact
to act as follows, GRANTING unto my Attorney-	in-Fact full power to:
To do all things necessary to close on the public below, commonly known as (address), with full power and authority for execute, acknowledge, and deliver and accepted the purchase and settlement on said including but not limited to, sales contracts instruments, deeds, deeds of trust, or other closing or settlement statements, etc. FUR authority to pay any funds for the purchase documents in connection therewith, including trust or mortgages.	r me and in my name to sign, seal, rept any and all documents necessary to property from the owner thereof, and addendum thereto, negotiable r instruments, disclosure statements, THER GRANTING full power and e and the execution of any and all

The legal description of the property is as follows, to-wit:

Special Power of Attorney Page 1 of 3

See Legal Description Attached as Exhill forth in full	oit A incorporated by reference as though set
Legal Description:	
I hereby ratify and confirm all that said attordone by virtue of this Power of Attorney and	ž
All acts done by means of this power shall be documents executed by my Attorney hereun of my attorney and the description "Attorney where local practice differs from the procedu practice may be followed. This SPECIAL POWER may be relied upon by any third parties until the recorder's office of the county where the	der shall contain my name, followed by that v-in-Fact", excepting however any situation are set forth herein, in that event local DWER OF ATTORNEY shall be valid and such time as any revocation is recorded in
DATED this the day of	, 20
	Signature
	Print Name:

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

## STATE OF SOUTH DAKOTA

COUNTY OF		
On this day of me personally appeared on the oath of	, known to me (or	r proved to me
in, and who executed the within instrument a	f =	
(he/she) executed the same.		
	Notary Public	
	Printed 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:	

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

## EXHIBIT A