Prepared by, recording requested by and return to:		
Name:		
Company:		
Address:		
City:		
State: Zip:		
Phone:		
Fax:		
Property Owner's Deed Number, Office		
Where Recorded, Book and Page Number:	Above this Line for Official Use Only	
	OWER OF ATTORNEY AL ESTATE TRANSACTION	
	Agent for Seller)	
STATE OF TENNESSEE COUNTY OF		
	ENT, THAT I,	
	(City),	
	(Zip), desiring to execute a SPECIAL	
	oint,, of	
	lessee, as my Attorney-in-Fact to act as follows,	
GRANTING unto my Attorney-in-Fact	Tuil power to.	
To do all things necessary to clo	ose on the sale of the property described below,	
commonly known as		
(address),	(Ward, Block, and Parcel	
Number), with full power and a	uthority 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 person	ns of his choosing, including but not limited to,	
deeds, checks, receipts, releases, warranties, affidavits, contracts, addenda,		
settlement statements, loan com	mitments and disclosure statements, truth-in-	
	commercial papers, endorsements to checks, or	
the like, and any such other inst	rument 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

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

manner which, in his sole discretion, he sees fit.

[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:
State of Tennessee County of	
Personally appeared before me,(official o	(name of officer),
(name of the natural person executing the identification acquainted, and who acknowledged that he purposes therein contained. [THE FOLLO NATURAL PERSON IS EXECUTING As the or she is the the natural person executing the instrument "general partner") of the maker or a constitution.	
Witness my hand, at office, this	day of, 20
Seal	Notary's Signature
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: