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 RE	OWER OF ATTORNEY AL ESTATE TRANSACTION Agent for Seller)
STATE OF UTAH	
COUNTY OF	
	
KNOW ALL MEN BY THESE PRESI	ENT, THAT I,
whose address is	, (City),
(State),	, (City), (Zip), desiring to execute a SPECIAL
POWER OF ATTORNEY, hereby app	
County,	Utah, as my Attorney-in-Fact to act as follows,
GRANTING unto my Attorney-in-Fact	<u> </u>
	-
To do all things necessary to clo	ose on the sale of the property described below,
commonly known as	(address), with
full power and authority for mo	and in my name to execute any and all documents

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	
	Signati Print N	ure Name:	
State of Utah) County of)		
On this day of public, personally appeared satisfactory evidence to be the pe instrument, and acknowledged (h	erson(s) whose nam	, proved on ne(s) (is/are) subscr	the basis of
Witness my hand and official sea	l.		
(notary signature) (seal)			

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