Prepared by, recording requested by and return to:	
Name (Note: capitalize and underline):	
Company:	
Address:	
City:	
State. Zin.	
Phone:	
Fax:	
	Above this Line for Official Use Only
FOR CLOSING RE	OWER OF ATTORNEY EAL ESTATE TRANSACTION gent for Purchaser)
STATE OF VIRGINIA COUNTY OF	
KNOW ALL MEN BY THESE PRES	ENT, THAT I
	ose address is
	(State), (Zip), and currently
rociding in	County desiring to
area area a CDECIAL DOWED OF ATT	_, County,, desiring to ORNEY, hereby appoint,,
execute a SPECIAL POWER OF ATT	ORNEY, nereby appoint,,
	nty, Virginia, as my Attorney-in-Fact to act as
follows, GRANTING unto my Attorne	ey-in-Fact full power to:
below, commonly known as (address), with full power and a execute, acknowledge, and delieffect the purchase and settlem including but not limited to, sainstruments, deeds, deeds of traclosing or settlement statement	authority for me and in my name to sign, seal, iver and accept any and all documents necessary to ent on said property from the owner thereof, les contracts and addendum thereto, negotiable list, or other instruments, disclosure statements, es, etc. FURTHER GRANTING full power and the purchase and the execution of any and all

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

[INSERT DESCRIPTION OR ATTACH EXHIBIT]

trust or mortgages.

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:
Commonwealth of Virginia Coun	ity of
	cknowledged before me this by (name of person
acknowledged).	diamic of person
Seal	
	(Signature of Person Taking Acknowledgment)
	(Title or Rank) (Serial Number, if any)
Notary's Registration Number:	
Principal Name and Address	Attorney-in-Fact Name and Address
Name:	Name:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Dhone	Dhono