

Document Number:

**SPECIAL POWER OF ATTORNEY FOR
CLOSING REAL ESTATE
TRANSACTION**

Prepared by, recording requested by and
return to:

Name: _____
Company: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Fax: _____
Parcel Identification Number: _____

-----Above this Line for Official Use Only-----

**SPECIAL POWER OF ATTORNEY
FOR CLOSING REAL ESTATE TRANSACTION**
(Agent for Purchaser)

STATE OF WISCONSIN
COUNTY OF _____

KNOW ALL MEN BY THESE PRESENT, THAT I _____,
whose address is _____,
_____(City), _____(State), _____
(Zip), and currently residing in _____, County, _____,
desiring to execute a SPECIAL POWER OF ATTORNEY, hereby appoint,
_____, of _____ County, Wisconsin,
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 purchase of the property described
below, commonly known as _____
(address), with full power and authority for me and in my name to sign, seal,
execute, acknowledge, and deliver and accept any and all documents necessary to
effect the purchase and settlement on said property from the owner thereof,
including but not limited to, sales contracts and addendum thereto, negotiable
instruments, deeds, deeds of trust, or other instruments, disclosure statements,
closing or settlement statements, etc. FURTHER GRANTING full power and
authority to pay any funds for the purchase and the execution of any and all

documents in connection therewith, including, but not limited to notes, deeds of trust or mortgages.

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: _____

STATE OF WISCONSIN

COUNTY OF _____

The foregoing instrument was acknowledged before me on _____, (date) by _____ (name(s) of person(s)).

Notary Public

(Seal, if any)

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: _____