

Book Number _____ Page Number _____

Prepared by, recording
requested by and return to:

Name:

Company:

Address:

City:

State: Zip:

Phone:

Fax:

Tax Parcel Identification
Number: _____

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

STATE OF DELAWARE
COUNTY OF _____

KNOW ALL MEN BY THESE PRESENT, THAT I

_____,
whose address is _____, desiring
to execute a SPECIAL POWER OF ATTORNEY, hereby appoint,
_____, of _____
County, Delaware, 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:

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 Delaware

County of _____

_____ (date)

(name(s) of person(s)).

This instrument was acknowledged before me on
_____ by
_____.

Notary Public
Print Name:

(Seal, if any)

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: