

**POWER OF ATTORNEY  
REFINANCE**

**KNOW ALL MEN BY THESE PRESENTS, That I,** \_\_\_\_\_  
and I \_\_\_\_\_ do hereby make, constitute and appoint  
\_\_\_\_\_ my/our attorney-in-fact for me/us in my/our names(s),  
and for my/our use and benefit both jointly and severally:

**To make**, endorse, receive, sign, seal, execute and acknowledge and deliver any and all deeds, deeds of trust, notes, settlement statements; any and all disclosure statements including without limitation notice of right to obtain owner's title insurance, interest and truth-in-lending disclosures, and so forth; loan applications; affidavits; checks; receipts; releases; contract of sale, any additional forms including but not limited to VA forms, 1802a and 1876, 1820, 1859, and 1843; any and all other documents or instruments of whatever kind and nature; and to take any and all action necessary to effectuate the refinance and settlement of a certain piece of real property known as:

\_\_\_\_\_ with a loan in the amount of  
\$ \_\_\_\_\_ ( \_\_\_\_\_  
\_\_\_\_\_ ) to be guaranteed by the Department of Veterans  
Affairs or by the Federal Housing Administrations (if applicable) upon such terms and  
conditions as the herein-appointed attorney -in-fact may deem proper; and

**To exercise**, full authority to arrange for any additional financing upon such terms and  
conditions and with such other persons as my/our attorney-in-fact may deem proper, and to with  
the Lender does not object.

It is further understood that settlement should occur at \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_ or soon thereafter but not later than  
\_\_\_\_\_.

**I FURTHER DECLARE**, that this Power of Attorney, shall not be revoked or terminated by  
my disability, nor shall the agency created by the Power of Attorney be revoked or terminated by  
my death or disability as to my Attorney in Fact or such other person, who without actual  
knowledge or actual notice of my death has acted or acts in good faith, under or in reliance upon  
this Power of Attorney or agency, and any action so taken, unless otherwise invalid or  
unenforceable shall be binding upon me, my heirs, devisee, legal fees or personal  
representatives.

**And I/we** hereby declare that any act or thing lawfully done hereunder by my/our said attorney-in-fact shall be binding on me/us, and my/our heirs, legal and personal representatives and assigns.

**This Power of Attorney** shall not be revoked as against the Lender except by written notice thereof actually received by **First Heritage Mortgage , LLC** at **3201 Jermantown Road, Suite #800, Fairfax County, Virginia 22030.**

**WITNESS** my/our hand(s) and seals(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_(seal)

\_\_\_\_\_(seal)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for the said State and County, do hereby certify that \_\_\_\_\_, who is (are) personally well known to be the person(s) whose name(s) is/are subscribed to the foregoing instrument, personally appeared before me and acknowledge to me that he/she executed the same and that it was his/her voluntary act and deed for the purposes and uses therein set forth.

In witness whereof, I have hereunto set my hand and affixed by seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_