

Prepared by, recording requested by and  
return to:

Name:

Company:

Address:

City:

State:

Zip:

Phone:

Fax:

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

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

STATE OF INDIANA

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

KNOW ALL MEN BY THESE PRESENT, THAT I \_\_\_\_\_,  
whose address is \_\_\_\_\_, \_\_\_\_\_ (City),  
\_\_\_\_\_ (State), \_\_\_\_\_ (Zip), desiring to execute a SPECIAL  
POWER OF ATTORNEY, hereby appoint, \_\_\_\_\_, of  
\_\_\_\_\_ County, \_\_\_\_\_, 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 sale of the property described below,  
commonly known as \_\_\_\_\_ (address), with full  
power and authority for me and in my name to execute any and all documents  
necessary to effect the sale, conveyance and settlement on said property to any  
person or persons of his choosing, including but not limited to, deeds, checks,  
receipts, releases, warranties, affidavits, contracts, addenda, settlement statements,  
loan commitments and disclosure statements, truth-in-lending statements, all  
forms of commercial papers, endorsements to checks, or the like, and any such  
other instrument or instruments in writing of whatever kind, character and nature

as may be necessary to complete the sale, financing arrangements, and the settlement process. FURTHER GRANTING full power and authority to collect and receive any funds or proceeds of said sale in any manner which, in his sole discretion, he sees fit.

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

☐ See Legal Description Attached as Exhibit A incorporated by reference as though set forth in full

☐ Legal Description:

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: \_\_\_\_\_

Witnessed by:

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

STATE OF INDIANA

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

Before me, the undersigned, a Notary Public, in and for said County and State, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, said person being over the age of 18 years, and acknowledged the execution of the foregoing instrument.

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

Print 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:

## EXHIBIT A