## RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO Power of Attorney for Real Estate I, <u>[name of principal]</u>, of <u>[city]</u>, <u>[county]</u>, <u>[state]</u>, appoint [name of attorney-in-fact] , of [city] , [county] , [state] , to act in my place with respect to the real property described as follows: My attorney-in-fact may act for me in any manner to deal with all or any part of any interest in the real property described in this document, under such terms, conditions, and covenants as my attorney-in-fact deems proper. My attorney-in-fact's powers include but are not limited to the power to: 1. Accept as a gift, or as security for a loan, reject, demand, buy, lease, receive, or otherwise acquire ownership or possession of any estate or interest in real property. 2. Sell, exchange, convey with or without covenants, quitclaim, release, surrender, mortgage, encumber, partition or consent to the partitioning of, grant options concerning, lease, sublet, or otherwise dispose of any interest in the real property described in this document. 3. Maintain, repair, improve, insure, rent, lease, and pay or contest taxes or assessments on any estate or interest in the real property described in this document. 4. Prosecute, defend, intervene in, submit to arbitration, settle, and propose or accept a compromise with respect to any claim in favor of or against me based on or involving the real property described in this document. However, my attorney in fact shall not have the power to:

I further grant to my attorney-in-fact full authority to act in any manner both proper and			
necessary to the exercise of the foregoing powers, including and I			
ratify every act that my attorney-in-fact may lawfully perform in exercising those powers.			
This power of attorney takes effect on, and shall continue until			
terminated in writing, or until, whichever comes first.			
I agree that any third party who receives a copy of this document may act under it.			
Revocation of the power of attorney is not effective as to a third party until the third party			
has actual knowledge of the revocation. I agree to indemnify the third party for any			
claims that arise against the third party because of reliance on this power of attorney.			
[Special instructions for signatures			
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1. To ensure that the validity of your document will not be challenged, it is important that			
the signature clause does not begin a new page. Because pages will vary from user to			
user, it is your responsibility to make sure that there is at least one line of text preceding			
the signature clause on this page. If after printing out your document, you discover that			
there is no text preceding the signature clause, you will need to edit this document			
(perhaps by adding some paragraph returns to the previous page) so that the signature			
clause no longer begins the page. For examples, see the "power of attorney forms"			
section of this eFormKit.			
2. Although lines for two witnesses' signatures are provided, your state may not require			
two witnesses. Check the instructions in the eFormKit and delete any unnecessary			
witness signature lines, or delete the entire witness signature clause if your state does not			
require signatures.			
3. Be sure to delete these instructions so they do not appear in your final document.			
End of instructions]			
Signed this,			

State of	, County of		
Signature	Social Security number		
	Witnesses		
On the date written above, the p	rincipal declared to me that this instrument is his or her		
	, and that he or she willingly executed it as a free and		
voluntary act. The principal sign	ned this instrument in my presence.		
Name			
Address			
County			
Name			
Address			
County			
Certificate o	of Acknowledgment of Notary Public		
	·		
State of	)		
	) ss		
	) 33		
County of	)		

On	, before me,	, a notary public in and for said		
state, personally appeared _	, personally known to me (or proved to me on			
the basis of satisfactory evidence) to be the person whose name is subscribed to the				
within instrument, and acknowledge	nowledged to me that	at he or she executed the same in his or her		
authorized capacity and tha	at by his or her signa	ture on the instrument, the person, or the		
entity upon behalf of which the person acted, executed the instrument.				
	WITNES	S my hand and official seal.		
	Notary Pu	ublic for the State of		
	My comn	nission expires		
[NOTARY SEAL]				
	Signature of Atto	orney-In-Fact		
By accepting or acting under	er the appointment,	the attorney-in-fact assumes the fiduciary		
and other legal responsibili	ties of an agent.			
Signature of Attorney-In-Fa	act			