

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 MICHIGAN
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, Michigan, 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:

[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: _____

Witness

Print Name: _____

Witness

Print Name: _____

STATE OF MICHIGAN

COUNTY OF _____

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

Notary Public

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:

Witness Name and Address	Witness Name and Address
Name:	Name:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Phone:	Phone: