MARYLAND REAL ESTATE POWER OF ATTORNEY

| I, | (name), currently residing at |
|-------------------------------|--|
| | (address), hereby appoint |
| | (agent s name), currently residing at |
| | (address), as my agent |
| (attorney-in-fact) to act for | or me in any lawful way with respect to the following limited |
| purpose(s) regarding real | estate: (initial all powers granted) |
| The power to man | age the real property located at, |
| which management duties | s may include, but are not limited to, the power to: sign agreements; |
| make repairs or perform r | maintenance; hire personnel to assist in such repairs or maintenance; |
| negotiate leases; set rents | ; evict tenants; pay property taxes; pay insurance costs; and to do any |
| and all acts regarding the | management of the real property that I would otherwise have the power |
| to do. | |
| The power to sell t | he real property located at |
| Such power may include, | but is not limited to, the power to: hire and fire real estate agents or |
| real estate brokers; set, in | crease, or reduce the sale price; negotiate offers; execute contracts, |
| deeds, or any other docum | nents necessary for the sale; communicate with escrow agents; accept |
| the closing proceeds of ar | ny sale on my behalf; and to do any and all acts regarding the sale of the |
| real property that I would | otherwise have the power to do. |
| The power to purc | hase the real property located at |
| Such power may include, | but is not limited to, the power to: hire and fire real estate agents or |
| real estate brokers; make | and negotiate offers; execute contracts, deeds, or any other documents |
| necessary for the purchase | e; communicate with escrow agents; and withdraw and transmit the |
| funds for the purchase on | my behalf; and to do any and all acts regarding the purchase of the real |
| property that I would other | erwise have the power to do. |



| The power to rent the real property located at | | |
|---|--|--|
| Such power may include, but is not limited to, the power to: hire and fire real estate agents or | | |
| real estate brokers; apply for rental properties on my behalf; authorize any background check | | |
| necessary for such rental; negotiate rents and costs; pay rental or associated fees; and to do any | | |
| and all acts regarding the rental of the real property that I would otherwise have the power to do. | | |
| The power to refinance the real property located at | | |
| Such power may include, but are not limited to, the power to: select the refinancing company; | | |
| negotiate the terms of the refinancing; granting permission for home inspections or other items | | |
| necessary for the refinancing; execute contracts or any other documents necessary for the | | |
| refinancing; withdraw and transmit the funds for the refinancing on my behalf; and to do any and | | |
| all acts regarding the refinancing of the real property that I would otherwise have the power to | | |
| do. | | |
| | | |
| Other powers listed below: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SPECIAL INSTRUCTIONS: | | |
| THE FOREGOING POWERS ARE SPECIFICALLY INTENDED TO PERTAIN SOLELY | | |
| AND BE LIMITED TO ALL DECISIONS AND ACTIONS TO BE MADE OR TAKEN IN | | |
| CONNECTION WITH THE LIMITED PURPOSES DESCRIBED ABOVE. | | |
| EFFECTIVE DATE: | | |
| THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE | | |
| UNTIL REVOCATION, MY DEATH, OR, 20_ | | |



| (initial one choice below) | |
|---|---|
| THIS POWER OF ATTORNE | Y WILL CONTINUE TO BE EFFECTIVE EVEN |
| THOUGH I BECOME INCAPACITATE | CD. |
| THIS POWER OF ATTORNE | Y SHALL CEASE TO BE EFFECTIVE UPON MY |
| INCAPACITY. | |
| Successor Attorney- in-Fact. If | (agent's name) is unable or unwilling to |
| serve or to continue to serve as my attorne | ey-in-fact for any reason, then |
| (alternate agent's name), presently residin | ng at |
| (address) is hereby appointed successor at | |
| I agree that any third party who re | ceives a copy of this document may act under it. |
| Revocation of the power of attorney is no | t effective as to a third party until the third party has |
| - | ee to indemnify the third party for any claims that arise |
| against the third party because of reliance | |
| | |
| Signed this day of | , 20 |
| (signature) | |
| (Signature) | |
| (printed name) | |



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| STATE OF MARYLAND |) | | |
|---------------------------------|--------------------|--|------------|
| |) ss | | |
| COUNTY OF |) | | |
| | | | |
| On | before me, | , | , |
| | | (insert name and title of the office | er) |
| personally appeared | | , who proved to | me on the |
| basis of satisfactory evidence | to be the person(| (s) whose name(s) is/are subscribed to t | the within |
| instrument and acknowledged | to me that he/she | e/they executed the same in his/her/the | ir |
| authorized capacity(ies), and t | hat by his/her/the | eir signature(s) on the instrument the p | person(s), |
| or the entity upon behalf of wl | nich the person(s | s) acted, executed the instrument. | |
| | | | |
| • | | er the laws of the State of Maryland tha | it the |
| foregoing paragraph is true an | d correct. | | |
| WITNESS and and affect | :-11 | | |
| WITNESS my hand and offici | ai seai. | | |
| | | | |
| | | | |
| Signature | | (seal) | |



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category Real Estate Power of Attorney Template.

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Maryland Power of Attorney Forms.

