

# SPECIAL POWER OF ATTORNEY FOR CLOSING ON REAL ESTATE

KNOW ALL MEN BY THESE PRESENT, THAT I \_\_\_\_\_,  
(Principal) currently living in the municipality of \_\_\_\_\_, State of \_\_\_\_\_,  
desiring to execute a SPECIAL POWER OF ATTORNEY, hereby appoint,  
\_\_\_\_\_, of \_\_\_\_\_, Illinois, as my Attorney-in-  
Fact to act as follows, GRANTING unto said full power to Execute any and all documents  
necessary to close on the sale, purchase or refinance of the property described below,  
commonly known as \_\_\_\_\_, with full power and  
authority for me and in my name to execute any and all documents necessary to effect the sale,  
or purchase, conveyance, financing, refinancing and settlement on said property to any person  
or persons of his choosing, including but not limited to, sales contracts and addendum thereto,  
negotiable instruments, mortgages, deeds or other instruments of conveyance, disclosure  
statements, closing or settlement statements, etc. 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 land commonly known as \_\_\_\_\_, is as  
follows, to-wit:

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.

\_\_\_\_\_

Principal

Address of Principal: \_\_\_\_\_

Phone number where Principal can be contacted: \_\_\_\_\_

E-mail address of Principal: \_\_\_\_\_

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(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

The undersigned witness certifies that \_\_\_\_\_, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: .....

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Witness

The undersigned, a notary public in and for the above county and state, certifies that \_\_\_\_\_, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the witness(es) \_\_\_\_\_ (and \_\_\_\_\_) in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth (, and certified to the correctness of the

signature(s) of the agent(s)).

Dated: .....

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Notary Public

My commission expires .....