SPRINGING POWER OF ATTORNEY FOR REAL ESTATE TRANSACTIONS

This Springing Power of Attorney is made on _____ (Date), by _____ (Principal's Full Legal Name), residing at _____ (Principal's Address).

I (the "Principal") hereby designate _____ (Agent's Full Legal Name), whose address is _____ as my true and lawful Agent ("Attorney-in-Fact").

Effective Upon Event

This Power of Attorney shall become effective only upon my disability or incapacity as certified in writing by a licensed physician, and shall authorize my Agent to engage in the following transactions solely with respect to real property owned by me at the time this Power becomes effective.

Powers Granted

My Agent shall have full authority, for and on my behalf, to execute and deliver all documents, and to perform all acts necessary to buy, sell, convey, mortgage, lease, manage, or otherwise deal with real estate, including but not limited to the execution of deeds, contracts, closing papers, tax forms, and any other documents required to complete real estate transactions.

Limitation of Powers

This Power of Attorney is limited to real estate transactions and does not authorize my Agent to take action unrelated to such transactions. This Power of Attorney shall be governed by the laws of _____ (State).

Revocation

This Power of Attorney shall remain in effect until revoked by me in writing or upon my death.

Principal's Signature

Principal's Signature:

_____

Printed Name:

_____

Date:

_____

Agent's Acknowledgment

I, the above-named Agent, acknowledge my appointment and agree to act in the best interest of the Principal in accordance with this Power of Attorney.

Agent's Signature:

_____
Printed Name:

_____
Date:

_____

Notary Acknowledgment

State of _____

County of _____

On this _____ day of _____ , 20 ____ , before me personally appeared _____ , known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed the same for the purposes therein contained.

Notary Public Signature:

_____
My Commission Expires:

_____