

MICHIGAN TITLE INSURANCE AGENCY, INC.

**POWER OF ATTORNEY (TO SELL)
TO CLOSE ON REAL ESTATE TRANSACTIONS**

I/We _____ whose address is

_____, appoint

_____, my/our attorney in fact, on my/our behalf to deal in any way with

my/our interest in _____ described as follows:

Land located in the _____ of _____ County, Michigan

SIDWELL NUMBER:

and in furtherance of this power of attorney to do the following:

1. To **sell** or otherwise deal in any way in the sale of the aforementioned real estate or personal property contained therein, or any interest therein, upon such terms as my attorney shall think proper.

2. To deposit and withdraw, by check or withdrawal slips, in or from any banking institution, any funds, negotiable papers, or moneys which may come into my attorney's hands involving the real estate described hereby in such attorney.

3. To execute, acknowledge, and deliver good and sufficient deeds, notes, mortgages and closing statements for the real estate herein described, with or without covenants and warranties, and generally to act in the premises as effectually as I could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do by virtue hereof, including the power to receive and disburse all monies regarding the property described herein.

Any lawful act done hereunder by my attorney shall be binding upon me, my heirs, legal and personal representatives, and assigns, unless and until reliable intelligence of notice of revocation shall have been received by my attorney; provided, any bank and or depositor may rely upon this power of attorney until receipt by it of an executed copy of revocation hereof.

Reproduction of this executed original (with reproduced signatures) shall be deemed to be original counterparts of this power of attorney.

Dated: _____

STATE OF _____
COUNTY OF _____

On this _____, before me, a Notary Public in and for said County, personally appeared

_____, to me known to be the person(s) described in and who executed the above power of attorney and who acknowledged the same to be his/her/their free act and deed.

My Commission expires:

Notary Public, _____ County, _____

Drafted by:

Return to: