

# **POWER OF ATTORNEY**

Prepared by: (print or type name below signature)

\_\_\_\_\_

This Power of Attorney is made on \_\_\_\_\_,

Between: \_\_\_\_\_, the principal(s)

Whose address is \_\_\_\_\_  
Individually referred to as "I" or "My",

And: \_\_\_\_\_, the Agent(s)

Whose address is \_\_\_\_\_.  
Individually referred to as "you."

**Grant of Authority.** I appoint you to act as my Agent (called an attorney-in-fact) to do each and every act which I could personally do for the following uses and purposes:

(a) To sell premises commonly known as \_\_\_\_\_,  
for a sum not exceeding \$\_\_\_\_\_ on such terms and conditions as my attorney-in-fact may desire to execute and any and all documents necessary to or required by the title company, such as, but not limited to, the Affidavit of Title, RESPA Closing Statement and Deed.

This Power of Attorney is IRREVOCABLE.

**Powers.** I give You all the power and authority which I may legally give to you. You may revoke this Power of Attorney or appointing a new Agent in your place. I approve and confirm all that you or your substitute may lawfully do on my behalf.

**Signatures.** By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms.

Witnessed by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## DISABILITY

**Definition of Disability.** (NJSA 46:2B-8b) A principal shall be under a disability if the principal is unable to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance.

**Takes Effect Regardless of Disability.** This Power of Attorney is effective now and remains in effect even if I become disabled (as defined above).

Dated: \_\_\_\_\_

Witness:

\_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_, County of \_\_\_\_\_ SS.:

I CERTIFY that on \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named and personally signed the document; and
- (b) signed, sealed and delivered this document as his or her act and deed.

\_\_\_\_\_  
Notary Public (print name and title below)

My Commission Expires: \_\_\_\_\_

Record and Return to: