**Limited Power of Attorney for Representing Seller at Closing**

Commonwealth of Massachusetts

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Massachusetts, hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my true and lawful attorney in fact (my “Attorney”) for me and in my name, to do all things necessary with respect of the sale of property situated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Premises”), as set forth in a Purchase and Sale Agreement with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (the “Purchase and Sale Agreement”), for not less than $\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Sale Price”), hereby ratifying and affirming that which my attorney shall lawfully do or cause to be done by virtue of the powers herein conferred.

Without limiting the foregoing, the following powers are specifically included: To execute, deliver and acknowledge and make corrections and additions to all deeds and other documents necessary to effectuate the transfer of the premises; to receive and disburse proceeds of the sale; to execute all documents required by the Buyer’s lender in connection with the granting of a mortgage and related matters, including, but not limited to, Settlement Statements, Affidavits regarding mechanic’s liens, tenants and compliance with State and Federal Laws; and other affidavits required by the lender in connection with the issuance of title insurance or compliance with the requirements of potential assignees of the mortgage.

This Power of Attorney shall not be affected by my subsequent disability or incapacity.

Executed as a sealed instrument this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

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

Name

*[Attach appropriate acknowledgement certificate here]*

Adopted May 16, 1994

REBA Form No 11