

SPECIAL POWER OF ATTORNEY

ENCUMBRANCE OF REAL PROPERTY

KNOW ALL MEN by these presents; that **[Principal]** _____, has/have made, constituted and appointed, and by these presents do make, constitute and appoint:

[Appointee]

my/our true and lawful attorney for and in my/our name, place and stead, and for my/our use and benefit as follows:

to execute all documents necessary, including any loan documents, for the encumbrance of that certain real property located at: **[Property Address]**, more particularly described as:

[Legal Description]

and to sign, seal, execute, encumber or deliver and acknowledge such instruments in writing of whatever kind and nature as may be necessary or proper in the premises.

Giving and granting unto said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the above stated premises, as fully to all intents and purposes as the signer might or could do if personally present, and hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done in the above stated premises by virtue of these presents.

It is further agreed that Lemhi Title and/or any other insurance company relying hereon and any lender taking a security interest in the subject property may rely upon the authority herein granted.

The undersigned hereby further agree to indemnify and hold said attorney harmless for any claim, loss or reliability relating to all lawful acts which such attorney shall lawfully do pursuant to this instrument.

IN WITNESS WHEREOF, I/we have signed this instrument this _____ day of _____, 20__.

[Appointer]

State of Idaho)
) S.S.
County of _____)

On this _____ day of _____, in the year 20 __, before me _____, personally appeared _____, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to the within instrument, and acknowledged that he(he)(they) executed the same.

Notary Public
My Commission Expires on _____