REAL ESTATE POWER OF ATTORNEY

I. APPOINTMENT

This Power of Attorney is made on _____, ("Effective Date") between the following:

Principal: I, _____, the "Principal," with a mailing address of _____, hereby appoint:

Agent: _____, with a mailing address of _____ ("Agent").

II. 2ND AGENT

If the above Agent cannot serve, I hereby appoint: (check one)

- ☐ **No other individual.**
- ☐ **Another Agent.** _____, with a mailing address of _____ to act on my behalf and hold the same powers as the Agent.

III. REAL ESTATE

This Power of Attorney is in reference to: (check one)

- ☐ **A Single-Property.** For the following property: _____ ("Real Estate").
- ☐ **Multiple Properties.** For any property, partially or wholly owned, by the Principal.

IV. POWERS GRANTED

The Principal grants the Agent power to negotiate, execute, modify, and deliver any documents necessary to complete the following type(s) of real estate transactions: (initial and check all that apply)

- ☐ _____ - **Selling**. Additionally, this may include accepting closing proceeds for deposit into my account, which has been previously disclosed to my Agent.
- ☐ _____ - **Purchasing**. Additionally, this may include finalizing all documents necessary to complete the financing and purchase of the property.
- ☐ _____ - **Management**. Additionally, this may include making repairs (with reimbursement), approving sub-contractors for work, evicting tenants, and any other representation as needed on a day-to-day basis.
- ☐ _____ - **Financing**. Additionally, this may include modifying, executing, and delivering all documents necessary to complete the financing as well as to withdraw and disburse funds necessary from my account, which I have previously disclosed to my Agent.

V. TERM

This Power of Attorney shall begin on the Effective Date and shall continue until the: (initial and check one)

- ☐ _____ - **End Date** of _____.
- ☐ _____ - **Principal's Incapacitation** or when the Principal can no longer think for

themselves. (non-durable).

☐ _____ - The **Principal's death** or **revocation**.

VI. DURABLE

In the event the Principal is shown to be incapacitated, or not able to think for themself, this Power of Attorney shall: (initial and check one)

☐ _____ - **NOT be Valid**. This Power of Attorney is non-durable and shall be revoked immediately upon the Principal's incapacitation.

☐ _____ - **Remain Valid**. This Power of Attorney is durable and shall not be revoked upon the Principal's incapacitation.

VII. GOVERNING LAW

This Power of Attorney shall be governed by the laws located in the state of _____ ("Governing Law").

In accordance with Governing Law, I, the Principal, hereby revoke any other Power of Attorney related specifically to the Real Estate mentioned in Section III with the Agent, and any Alternate Agent, as the only persons allowed to act in my presence for such matters.

VIII. EXECUTION

As required under the Governing Law, this Power of Attorney shall be signed under: (initial and check all that apply)

☐ _____ - Notary Public

☐ _____ - One (1) Witness

☐ _____ - Two (2) Witnesses

_____

Principal's Signature _____ Print Name

_____

Date

NOTARY ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____ ss.

On _____ before me appeared _____ as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed the foregoing acceptance of appointment and acknowledged that (s)he executed the same as his/her free act and deed.

_____

Notary Public

_____

Print Name

My commission expires: _____

WITNESS ACKNOWLEDGMENT

I/We, the witness(es), each do hereby declare in the presence of the Principal that he/she/they signed and executed this instrument in my/our presence, and that the Principal signed it willingly, and that each witness hereby signs this Power of Attorney as witness at the request of the Principal and in the Principal's presence, and that, to the best of knowledge, the Principal is at least eighteen (18) years of age, of sound mind, and under no constraint or undue influence.

_____

1st Witness Signature _____ Print Name

_____

Mailing Address

_____

Phone

_____

2nd Witness Signature _____ Print Name

_____

Mailing Address

_____

Phone

ARSENK ID, CORP.