

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that _____ (Seller) and _____ (Seller) has made and appointed, and by these presents does make and appoint CARE Services true and lawful attorney for him/her and in his/her name and stead, for the following specific and limited purposes only:

Property Located at:

for purposes only on the short sale process giving and granting CARE SERVICES authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 20_____.

Homeowner 1 sign in the box above. DO NOT TOUCH ANY LINES

Homeowner 2 sign in the box above. DO NOT TOUCH ANY LINES

Provide a valid government photo ID or have the second page notarized.

Sworn to me this ____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:
