## SOUTH DAKOTA REAL ESTATE POWER OF ATTORNEY

## In Accordance to SD Title 59-3

Date:	Principal (borrower):
Principal's Residence Address:	
(Including County)	
Attorney-in-Fact: (Agent)	
Attorney-in-Fact's Mailing Address:	
(Including County)	
Legal Description of Property:	
Property Address:	

## DELEGATION OF POWER.

Option 2: Sale of Property. The sale of the lands and premises having an address of or identified

as\_\_\_\_\_

doing any and all actions that I might do if personally present including, but not limited to the execution, modification and delivery of contracts, deeds, tax returns, tax reports, affidavits, bill of sale, closing statements,



notices, certificates and all other documents; the acceptance of the closing funds and the deposit of those funds in my account identified to the agent, which my Agent shall deem necessary, appropriate or expedient for the purpose of closing the sale of the real estate described in this Power of Attorney.

this Power of Attorney.

**Option 4: Refinancing of Property.** The refinancing of my debts, including but not limited to the debts presently secured by a mortgage on the lands and premises having an address of or identified

as \_\_\_\_\_

, together with the mortgaging of the property as part of the financing , doing any and all actions that I/we might do if personally present including, but not limited to the modification, execution and delivery of notes, mortgages, closing statements, notices, certificates and all other documents required by the lender providing the funds for the closing; the disbursement and delivery of the closing funds and the withdrawal of funds for the closing from my/our account identified to the agent, which my Agent shall deem necessary, appropriate or expedient for the purpose of closing the refinancing of the debts and the mortgaging of the real estate described in this Power of Attorney.

DURABLE POWER OF ATTORNEY. This pow	ver of attorney <b>[ SHALL </b> / SHALL NOT  ] be
terminated by the subsequent disability or inca	pacity of the Principal. (Initial next to chosen option).
If "SHALL NOT," was chosen, this Power of At	torney shall go into effect on the recording of signatures (hereof)
and shall terminate on the day of	, 20
Princip	al Signature
Principal F	Printed Name
WITNESSES.	
<u>Witness 1</u>	Witness 2
Printed Name:	Printed Name:
Signature:	Signature:
	edged before me on theday of,
20, by	(the "Principal").
THE STATE OF:	
	NOTARY PUBLIC
THE COUNTY OF:	

STATE