

# DISTRICT OF COLUMBIA REAL ESTATE POWER OF ATTORNEY

NOTICE: THIS POWER OF ATTORNEY AUTHORIZES THE PERSON NAMED BELOW AS MY ATTORNEY-IN-FACT TO DO ONE OR MORE OF THE FOLLOWING: TO SELL, LEASE, GRANT, ENCUMBER, RELEASE OR OTHERWISE CONVEY ANY INTEREST IN MY REAL PROPERTY, AND TO EXECUTE DEEDS AND ALL OTHER INSTRUMENTS ON MY BEHALF, UNLESS THIS POWER OF ATTORNEY IS OTHERWISE LIMITED HEREIN TO SPECIFIC REAL PROPERTY.

KNOW ALL MEN BY THESE PRESENTS: That I, \_\_\_\_\_, with a mailing address of \_\_\_\_\_, have made, constituted and appointed the following representative \_\_\_\_\_, with a mailing address of \_\_\_\_\_, as my true and lawful attorney-in-fact, for me in my name for the following powers: (initial all that apply)

- \_\_\_\_\_ - Selling of Real Property
- \_\_\_\_\_ - Purchase of Real Property
- \_\_\_\_\_ - Leasing of Real Property
- \_\_\_\_\_ - Management of Real Property
- \_\_\_\_\_ - Authorization of Mortgages, Deeds, and other loan documents.
- \_\_\_\_\_ - Other. \_\_\_\_\_

The aforementioned powers are for: (select and initial)

- \_\_\_\_\_ - One (1) property located at: \_\_\_\_\_
- \_\_\_\_\_ - Multiple Properties.

This power of attorney: (select and initial)

- \_\_\_\_\_ - Terminate upon on my disability, incompetence, or incapacity of the undersigned.
- \_\_\_\_\_ - Not terminate upon on my disability, incompetence, or incapacity of the undersigned.

I do hereby ratify and confirm all things so done by my said attorney-in-fact, within the scope of the authority herein given to him/her, as fully to the extent as if by me personally done and performed.

In testimony whereof, I have hereunto, set my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Principal's Signature** \_\_\_\_\_

State of \_\_\_\_\_,

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

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Notary Public Signature** \_\_\_\_\_

Commission Expires: \_\_\_\_\_

