



**NORTH CAROLINA
LIMITED POWER OF ATTORNEY FOR REAL ESTATE INVESTORS
(N.C.G.S. 32C-3-303)**

QUICK PARTS INFORMATION PAGE

Fill in the blanks below:

-  **Microsoft Word Users** (QuickParts enabled):
- If you are using Microsoft Word with QuickParts enabled, the information you enter on this page will automatically populate the corresponding fields on the following documents
 -  **Mac or other devices:**
 - QuickParts may not work. Just fill in the blanks manually on each form.
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How to use:

1. Enter your name, investor's name, agent, etc. and other required info below.
2.  If QuickParts works, it will fill the forms automatically.
3.  If not, copy this info into the other documents.

 **Tip:** Always check that names, dates, and details are correct before printing or notarizing.

Return To: 24 Hour Closing

Prepared By: 24 Hour Closing, 1320 Matthews-Mint Hill Road, Matthews, NC 28105

Name of Agent: 24 Hour Closing

County of Property: _____

Power of Attorney Expiration Date: _____

Property Address: _____

Parcel ID: _____

Name of Investor: _____



**NORTH CAROLINA
LIMITED POWER OF ATTORNEY FOR REAL ESTATE INVESTORS
(N.C.G.S. 32C-3-303)**

Prepared by and Return To: 24 Hour Closing, 1320 Matthews-Mint Hill Road, Matthews, NC 28105

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____ do hereby appoint 24 Hour Closing or any attorney or employee thereof, as my true and lawful **Attorney-in-Fact**, for the limited purposes described herein.

Name of Agent: 24 Hour Closing

For purposes of this power of attorney, the "Property" is all of that real property located in _____ County, North Carolina, and known or identified as follows:

See attached Exhibit "A" for Legal Description

Property Address: _____

GRANT OF AUTHORITY

I grant 24 Hour Closing general authority to act for me with respect to the Property, all tangible personal property related to the Property, and all financial transactions relating to the Property. The authority granted to 24 Hour Closing pursuant to this power of attorney expressly includes the following:

- (1) The authority to act with respect to real property as set forth in Section 32C-2-204 of the North Carolina General Statutes;
- (2) The authority to act with respect to tangible personal property as set forth in Section 32C-2-205 of the North Carolina General Statutes; and
- (3) The authority to act with respect to banks and other financial institutions as set forth in Section 32C-2-208 of the North Carolina General Statutes.
- (4) The authority to exercise the additional authorizations set forth in **Exhibit B – Exclusive Third-Party Authorization**, attached hereto and incorporated by reference.

The authority granted to 24 Hour Closing pursuant to this power of attorney may be exercised by 24 Hour Closing though the exercise of that authority may benefit the Agent or a person to whom the Agent owes an obligation of support.

EFFECTIVE DATE; AUTOMATIC EXPIRATION

This power of attorney is effective immediately. The authority of 24 Hour Closing to act on my behalf pursuant to this power of attorney will automatically expire on _____ (or, if no date is specified, one year from the date of this power of attorney). Actions taken by 24 Hour Closing on my behalf pursuant to this power of attorney while this power of attorney remains in effect shall continue to bind me even after 24 Hour Closing authority expires.

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including 24 Hour Closing may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

MEANING AND EFFECT

The meaning and effect of this power of attorney shall for all purposes be determined by the law of the State of North Carolina.

SIGNATURE AND ACKNOWLEDGMENT

_____ <-----printed name goes here

Date: _____

State of North Carolina
County of _____

I certify that _____ who is personally known to me or who proved his/her identity on the basis of satisfactory evidence, appeared before me this day and acknowledged that he/she executed the foregoing instrument for the purposes stated therein.

Witness my hand and Notarial stamp or seal this ____ day of _____, 20__.

Notary Signature: _____
Notary Printed Name: _____
My Commission Expires: _____

(Official/Notarial Seal)

EXHIBIT "A"

Property Address: _____

Parcel ID: _____

(insert legal description)



Exclusive Third Party Authorization

Client Name: _____
(please print)

SS#: _____

Property Address: _____

Mortgage or Creditor or Lender: _____

Loan or account Number: _____

Authorization: I hereby give consent to the above referenced company to deliver documents to 24 Hour Closing, 1320 Matthews-Mint Hill Road, Matthews, NC 28105, concerning my account referenced above. I hereby authorize the above referenced to discuss my account with 24 Hour Closing, 1320 Matthews-Mint Hill Road, Matthews, NC 28105 or any agent that 24 Hour Closing, 1320 Matthews-Mint Hill Road, Matthews, NC 28105 assigns. **Lender is notified that they should not speak with the above referenced Client without consent of 24 Hour Closing, 1320 Matthews-Mint Hill Road, Matthews, NC 28105.** I thus empower the persons designated herein to receive and review any and all documents produced pursuant to this authorization, including those related to loan terms, payment terms, interest date or maturity, homeowner's insurance or any other documents pertinent to servicing of this loan. This authorization specifically includes the power to change the billing address and insurance company associated with this account.

This authorization will remain in effect until Lender is notified that this authorization shall terminate.

Client Name:

Signature,

date