

Power of Attorney

This Power of Attorney in made on *, *,

Between: the Principal(s),

*

whose address is *, individually referred to as "I" or "my,"

appoint

And: the Agent,

*

whose address is *

Grant of Authority: I appoint * to act as my Agent (called Attorney in Fact) to do each and every act which I could personally do for the following uses and purposes:

(For purchase and mortgage): To purchase and mortgage my property commonly known as *, in the * of *, County of * and State of New Jersey and more particularly described in Schedule A attached hereto (hereinafter referred to as the "Property") on such terms and conditions as my Attorney in Fact shall deem appropriate in his or her sole discretion.

(For mortgage only): To mortgage my property commonly known as *, in the * of *, County of * and State of New Jersey and more particularly described in Schedule A attached hereto (hereinafter referred to as the "Property") on such terms and conditions as my Attorney in Fact shall deem appropriate in his or her sole discretion.

(For sale): To sell and convey our property commonly known as * in the County of *, New Jersey and more particularly described in Schedule A attached hereto (hereinafter referred to as the "Property") on such terms and conditions as my Attorney in Fact shall deem appropriate in his or her sole discretion.

Without limiting the foregoing, I authorize my Attorney in Fact to execute a mortgage; affidavit of title; survey affidavit; closing statements; acknowledgements of funds and documents; and any and all other documents and to do any and all other acts and things as my Attorney in Fact in his or her sole discretion may deem necessary to effect the purchase and financing of the Property.

Powers: I give my Attorney in Fact all the power and authority which I may legally give to him or her.

Signatures: By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms.

Witnessed by:

*

*

DISABILITY

Definition of Disability: A principal shall be under a disability if the principal is unable to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance.

This Power of Attorney is effective now and remains in effect even if I become disabled (as defined above).

Witnessed by:

*

*

State of * :
: SS:
County of * :

I certify that on * , *

*

personally came before me and stated to my satisfaction that this person (or if more than one, each person):

- (a) was the maker of the attached instrument; and**
- (b) executed this instrument as his or her own act.**

Notary Public