

POWER OF ATTORNEY

Prepared by: *(Print signer's name below signature)*

TWO RIVERS TITLE COMPANY, LLC

This Power of Attorney is made on _____, 20____,

Between: _____, the Principal(s)

whose address is _____,

individually referred to as "I" or "my,"

and: _____, the Agent(s)

whose address is _____,

referred to as "You."

Grant of Authority. I appoint You to act as my Agent (called an attorney in fact) to do each and every act which I could personally do for the following uses and purposes:

(a) To borrow upon and mortgage premises commonly known as _____, _____, NJ _____ for a sum not exceeding \$_____ on such terms and conditions as my attorney-in-fact may desire and to execute any and all documents necessary to or required by the lender, such as, but not limited to, the Note, Mortgage, Affidavit of Title, RESPA Closing Statement, and to endorse the check for the mortgage proceeds, and to sign such other documents as may be requested by the lender.

(b) This Power of Attorney shall be liberally construed in favor of _____.

This Power of Attorney is irrevocable.

Powers. I give You all the power and authority which I may legally give to You. You may revoke this Power of Attorney or appoint a new Agent in your place. I approve and confirm all that You or your substitute may lawfully do on my behalf.

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:

_____(Seal)

DISABILITY

Definition of Disability. (N.J.S.A. 46:2B-8b) 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.

Clauses [A] and [B] below shall not be a part of this Power of Attorney unless they are signed by the Principal(s).

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

Witness: _____ Dated: _____, 20____

_____(Seal)

B. Takes Effect Only Upon Disability. This Power of Attorney will only become effective when (and if) I become disabled (as defined above).

Witness: _____ Dated: _____

_____(Seal)

_____(Seal)

STATE OF NEW JERSEY, COUNTY OF _____, ss.:

I CERTIFY that on _____, 20____, _____ personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document; and
- (b) signed, sealed and delivered this document as his or her act and deed.

(Print name and the title below signature)

Record and return to:
Two Rivers Title Company, LLC
26 Ayers Lane
Suite 202
Little Silver, NJ 07739