This Power of Attorney is made on	, 20,	
Between:	_, the Principal(s)	
whose address is		
		individually referred to as "I" or "my,"
and:		
, the Ag	ent(s)	
whose address is		
whose address is		referred to as "You."
Grant of Authority . I appoint You to act as my Agent I could personally do for the following uses and purpose		ey in fact) to do each and every act which
(a) To borrow upon and mortgage premises comm for a sum not exceeding \$ attorney-in-fact may desire and to execute an lender, such as, but not limited to, the Note, M and to endorse the check for the mortgage prequested by the lender.	on all docum I ortgage, Affidavi	n such terms and conditions as my ents necessary to or required by the t of Title, RESPA Closing Statement,
(b) This Power of Attorney shall be liberally constr	rued in favor of	
This Power of Attorney is irrevocable.		
Powers . I give You all the power and authority which Attorney or appoint a new Agent in your place. I aplawfully do on my behalf.	pprove and confin	rm all that You or your substitute may
Signatures . By signing below, I acknowledge that I h understand its terms.	ave received a co	opy of this Power of Attorney and that
Witnessed by:		

POWER OF ATTORNEY

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

_(Seal)

DISABILITY

<u>Definition of Disability</u>. (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. <u>Takes Effect Regardless of Disability</u>. 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 become disabled (as defined above).	y. This Power of Attorney will only	become effective when (and if) I
Witness:	Dated:	
		(Seal)
		(Seal)
STATE OF	, COUNTY OF	, ss.:
I CERTIFY that on before me and acknowledged under operson):	path, to my satisfaction, that this p	personally came person (or if more than one, each
(a) is named in and personally signed	d this document; and	
(b) signed, sealed and delivered this	document as his or her act and dee	ed.
	(Print name and the	title below signature)

Record and return to:

Coastal Title Agency, Inc. Monmouth Executive Center 2 Paragon Way, Suite 400B Freehold, NJ 07728