IDAHO REAL ESTATE POWER OF ATTORNEY

l,, of	
(Street) in the City of	, State of Idaho ("Principal") hereby
appoint, of	
(Street) in the City of	_, State of
("Agent") to act on my behalf for the purpose(s) set for	th in Article 1 below.
ARTICLE 1. ASSIGNMENT	OF AUTHORITY
(Initial and Check the Applicable Types):	
- SALE of Real Estate: My agent is author	ized to act on my behalf for the purpose
of selling the lands and premises located at	and
with a legal description of	My
agent is authorized to perform any and all acts relate	d to such sale, including, but not limited
to, executing, modifying, and delivering any and all d	•
transaction as well as accepting the closing proceed	s for deposit into my account which has
been previously disclosed to my agent.	
□ - PURCHASE of Real Estate: My agent is purpose of purchasing the lands and premises locate and with	ed at a legal description of allows
perform any and all acts related to such purchase, in and mortgaging of the property. My agent is authoriz documents necessary to complete the financing and withdraw and disburse funds necessary for the closing	ed to execute, modify and deliver any purchase of the property as well as to
previously disclosed to my agent.	
- MANAGEMENT of Real Estate: My ager	nt is authorized to act on my behalf for
the purpose of managing the premises located at	
and with a legal description of	
My agent is authorized to perform all acts related to	naintaining the property, including, but
not limited to: making repairs (with reimbursement), a	• •
negotiating rents, signing lease/sublease agreement	
representation as needed for day-to-day management	nt.

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- REFINANCING of Real Estate: My agent is authorized to act on my behalf for	
the purpose of refinancing my debts, including, but not limited to, any debts secured by a mortgage on the lands and premises located at	
and with a legal description of My agent is authorized to perform any and all acts related to such refinancing, including but not limited to, modifying, executing and delivering any and all documents necessary to complete the refinancing as well as to withdraw and disburse funds necessary to complete the refinancing from my account which I have previously disclosed to my agent.	
ARTICLE 2. DURABLE POWER OF ATTORNEY	
This power of attorney shall not be affected by the Principal's subsequent disability or incapacity unless otherwise stated in Article 3(b).	
ARTICLE 3. TERM	
(<u>Initial</u> and <u>Check</u> the Applicable Term):	
a. □ - This power of attorney is effective as of the date hereof and shall terminate upon revocation or automatically on (mm/dd/yyyy).	
b. □ - This power of attorney is effective as of the date hereof and shall terminate upon my death or revocation.	
c. □ - (Non-Durable Option) This power of attorney is effective as of the date hereof and shall terminate upon my incapacity, or death, or revocation.	
ARTICLE 4. RATIFICATION	
Lithe Principal, grant my Agent full power and authority to perform all acts on my behalf as I	

I, the Principal, grant my Agent full power and authority to perform all acts on my behalf as leaded do if personally present, now ratifying and confirming all that my Agent may do pursuant to this power.

ARTICLE 5. GOVERNING LAW

This Note shall be governed by, and construed in accordance with, the laws of the State of Idaho.

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ARTICLE 6. REVOCATION

I, the Principal, hereby revoke any existing powers of attorney that may have previously been

granted by me relative to the above described property. In witness whereof, I have executed this instrument on _____ (mm/dd/yyyy). Principal's Signature: Print Name: **ACCEPTANCE BY AGENT** The undersigned Agent acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment as agent; (B) understand the duties under the Power of Attorney and under the law. Agent's Signature: Print Name: _____ NOTARY ACKNOWLEDGMENT STATE OF _____ COUNTY OF , ss. On (mm/dd/yyyy), before me appeared as the Principal who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that she/he executed the same as his/her free act and deed. **Notary Public** Print Name: _____ My commission expires: _____

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