

SPECIAL POWER OF ATTORNEY AUTHORIZING AGENT TO LEASE REAL PROPERTY

I/We, _____

Name of Owner(s)

appoint Ed Baur Management Inc. Property Management, 4611 NW53rd Avenue Gainesville FL, Alachua County

Name of Agent, Address, County

as my/our attorney-in-fact to do any and all of the following:

1. To act in my/our capacity to lease or contract to lease at the price and terms specified in the Property Management Agreement dated the ____ day of _____, 19____, or at a price and terms the attorney-in-fact deems proper, the following real property and personal property owned by me/us:
 - a) Real Property Address: _____
 - b) Personal Property (check all that apply): Refrigerator Stove Dishwasher
 Stove Washer Dryer Microwave
2. To demand, sue for, and collect all moneys which may be due and owing to me/us on a lease or contract to lease, or on account of any damage that may occur to the above described property.
3. To apply for the removal of a tenant and recover possession of the Property to the extent permitted by law, and to retain an attorney on my behalf as necessary for such action.
4. To appoint a substitute to perform any of the acts that my/our attorney-in-fact is authorized by this instrument to perform, with the right to revoke such appointment of substitute at will.
5. To perform all acts necessary to be done in and about the property, as amply and fully to all intents and purposes as I/we could do if personally present.

My/our attorney-in-fact may exercise the rights and powers herein granted from the ____ day of _____, 19____ until _
termination/expiration of the Property Management Agreement as set forth in the terms and conditions of the Property Management Agreement.

THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF TWO WITNESSES AND NOTARIZED

Owner Date

Printed name and address, including county

Owner Date

Printed name and address, including county

Signed, sealed, and delivered in the presence of:

Witness / Date Witness / Date

STATE OF FLORIDA, COUNTY _____,

Signature of Notary Public - State of Florida Printed/Typed/Stamped Name of Notary Public

Personally Known _____ OR Produced Identification _____, Type of Identification Produced _____.

My Commission Expires: