SELLER'S/MORTGAGOR'S AGREEMENT

KE:	PROPE	CKIY:					
	MORT	GAGE TO:					
	DATEI) :	AND	RECORDI	ED IN VOL:	PAGE:	
may a Attorn collect litigati claim recove	nsible for ccrue pur ley to take t these da ion couns at any tin ery of dan	rsuant to Conte such steps, amages, included. I/we further, without further,	Release onecticut in his/heding the her author auther auth	of the above General Start sole discrimination orize Attornation thorization 25% of net	e referenced matutes Section as he/sh of legal action as in his/her s from me/us. I recovery after	d collect from the ortgage, any dama 49-8©. I/we author e deems necessary in our names and ole discretion to so the event of a management of all cost Attorney as legal	nges that prize to retaining ettle this onetary sts and
Dated	this	day of	, 2005				
					MORTG	AGOR(S):	
Ackno	owledged	before me th	is	day of	_, 20 .		
					Commiss	ioner of Superior (Court

Power of AttorneySpecific for Real Estate Transaction

Notice: The powers granted by this document are broad and sweeping. They are defined in Connecticut Statutory short Form Power of Attorney Act, sections 1-42 to 1-56, inclusive, of the general statutes, which expressly permits the use of any other or different form of power of attorney desired by the parties concerned.

Know All Men By These Presents, which are intended to constitute a GENERAL POWER OF ATTORNEY pursuant to Connecticut Statutory Short Form Power of Attorney Act:

That I, , of , do hereby appoint my Attorney, , of , Connecticut, as my attorney-in-fact to act INDIVIDUALLY.

First: In my name, place and stead in any way which I myself could do, if I were personally present, with respect to making a claim, prosecuting lititgagion, negotiating settlements, endorsing or depositing bank drafts relating to the payoff of a mortgage to secured by property KNOW AS .

I hereby authorize my attorney-in-fact to execute any and all releases, satisfactions, withdrawals, affidavits or any other documents pertaining to the subject real estate.

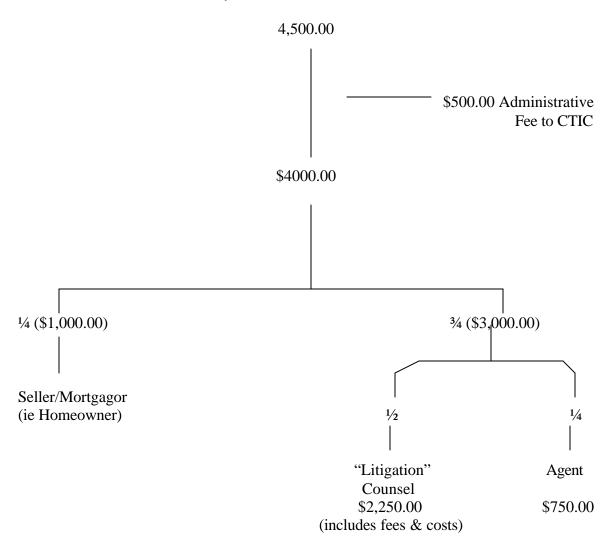
Second: Hereby ratifying and confirming all that said attorney does or causes to be done.

THIRD: THIS POWER OF ATTORNEY SHALL NOT BE INVALIDATED NOR AFFECTED BY MY SUBSEQUENT DISABILITY OR INCOMPETENCE, OR BY LAPSE OF TIME.

In Witness When day of , 20	eof I have	e hereunto	signed	my	name	and	affixed	my sea	al this
Signed, Sealed and Deliv Or Attested by	ered in pre	esence of							
			_					(L.S.))
			_					(L.S.))
State of Connecticut	}								
	}	SS							
County of	}								
The foregoing ins	strument w	as acknow	/ledged	befo	re me	this	Ċ	lay of	,
	Notary Public								
My Commission Expires:									

RELEASE TRACKER FEES

EXAMPLE: \$4,500.00 Recovery



*\$200.00 Administrative Fee @ 2,000.00 recovery or below