SPECIAL LIMITED IRREVOCABLE POWER OF ATTORNEY

KNOW ALL PERSONS BY THIS DOCUMENT:	
That	(the "Principal"), with its principal offices at
	,County, State of
, hereby represented by the following authorized i	ndividual
, (name)	(title), does with this document nominate, nc. of 194 Wood Avenue South, 9 th Floor, Iselin, NJ 08830
appoint, and constitute Homebridge Financial Services, In	nc. of 194 Wood Avenue South, 9th Floor, Iselin, NJ 08830
(the "Agent"), its true and lawful attorney, and in its name	e, place, and stead:
To execute, endorse, assign, and deliver to third parties (1	
	secured by real property, which Promissory Notes are now
	eneficial or mortgagee's interest, or assignment thereof, and
any and all other rights and interests, under all mortgages	
instruments evidencing, making or granting security for the	
documents evidencing, memorializing, or otherwise relati	
evidenced by the Promissory Notes ("Documents").	ing to payee s, congec s, or moregagee s interest in rouns
Principal gives and grants to Agent full power and author	ity to do and perform every act necessary and
proper to be done in the exercise of any of the foregoing	
Principal and Agent hereby acknowledge and agree that A	
powers granted herein, in that the loans evidenced by the	
Documents) were originated and closed in the name of Pr	
	y or mortgagee in the deeds of trust or mortgages securing
payment of the Promissory Notes, and immediately upon	
and Agent do hereby agree that Agent is hereby vested in	
	unce all right to (1) Revoke this Special Limited Irrevocable
	Agent hereby or to appoint any other person to execute the
said powers; and (2) do any of the acts that Agent is author	
Power of Attorney.	onized to perform by this special Elimited intevocable
If , prior to the exercise of the powers hereby conferred u	non Agent Principal shall have become hankrupt
	d, and Agent shall thereafter exercise such power, Principal
hereby declares any such acts performed by Agent pursua	
binding and effective in the same manner that they would	
disability, incapacity, or death of Principal not have occur	
disability, incapacity, of death of Filherpar not have occur	neu.
By signing below, I acknowledge that I have received a c	converted this Dower of Attornov and that I understand its
terms. Executed thisday of	
PRINCIPAL AGENT	_, 20
I KINCH AL AGENT	Homebridge Financial Services, Inc.
By:	By:
Name:	Name:
Title:	Title:
State of	
State of: County of:	
L cortify that on	parsonally gama bafora
me and acknowledged under oath to my satisfaction that l	personally came before he/she is the President of the Corporation named herein and
personally signed this document and that he signed, seale	d and delivered this document as his act and dood
Notary Commission Expires	a and derivered this document as his act and deed.
riotary Commission Expires	