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00504879

FEB-09-1996 14:04 FROM BECKER AND BECKER

TO 4492/0044 38 001 Page 1 of 5
2000-07-07 11:23:06
Cook County Recorder 55.00

-2-

POWER OF ATTORNEY



POWER OF ATTORNEY made this 22nd day of June, 2000

5/21/00

I, J. Eger hereby appoint
JANET FAUL as my attorney in fact (my person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments", but subject to any limitations on or addition to the specified powers inserted in Paragraph 2 or 3 below:

YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.

- a. Real estate transactions *For home equity closing*
- b. ~~Financial institution transactions~~ *on property*
- c. ~~Stock and bond transactions~~
- d. ~~Tangible personal property transactions~~
- e. ~~Safe deposit box transactions~~ *2126 N.*
- f. ~~Insurance and annuity transactions~~ *Sedgwick*
- g. ~~Retirement plan transactions~~ *Chicago, IL*
- h. ~~Social security, employment and military service benefits~~ *60614.*
- i. Tax matters
- j. ~~Claims and litigation~~
- k. ~~Commodity and option transactions~~
- l. Business operations
- m. Borrowing transactions
- n. Estate transactions
- o. ~~All other property powers and transactions~~
- p.

LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY AS THEY ARE SPECIFICALLY DESCRIBED BELOW:

- 2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate such as a prohibition of conditions on the sale of particular stock or real estate or special rules on borrowing by the agent:

BOX 333-CM

CTIC 20034608 H20021557 F1 1st 2 form No Abstract

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STATE OF ILLINOIS
COUNTY OF COOK

INVESTIGATION REPORT

Case No. 123456789
Date: 10/26/2023

The following information was obtained from a review of the records of the Cook County Sheriff's Office regarding the above-captioned case. The records indicate that on 10/25/2023, a search was conducted for the individual named [REDACTED] and the following information was discovered:

[REDACTED]

On 10/25/2023, a search was conducted for the individual named [REDACTED] and the following information was discovered:

[REDACTED]

The information provided herein is for informational purposes only and does not constitute an official statement of the Cook County Sheriff's Office. It is subject to change without notice.

Prepared by: [REDACTED]
Date: 10/26/2023

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STREET ADDRESS: 2126 N. SEADWICK

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER: 14-33-124-052-0000

LEGAL DESCRIPTION:

LOT 10 (EXCEPT THE SOUTH 22.00 FEET THEREOF) IN THE SUBDIVISION OF BLOCK 21 (EXCEPT THE NORTH 366 FEET OF THE WEST 188.35 FEET THEREOF) IN CANAL TRUSTEES' SUBDIVISION OF THE NORTH 1/2 OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

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- 3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below:

YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.

- 4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this Power of Attorney at the time of reference.

YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.

- 5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR

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012-0000

10/10/2010

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10/10/2010

10/10/2010

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1. The undersigned do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois.

2. The undersigned do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois.

3. The undersigned do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois.

4. The undersigned do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois.

5. The undersigned do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois.

6. The undersigned do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois, and that the same is a true and correct copy of the original as the same appears on the records of the County of Cook, Illinois.

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FEB-09-1996 14:05

FROM BECKER AND BECKER

TO

13129439290 P.04

00504879

-4-

DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:

6. (✓) This power of attorney shall become effective on 6/22/00. (Insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect.)

7. (✓) This power of attorney shall terminate on 6/29/00. (Insert a future date or event such as court determination of your disability when you want this power to terminate prior to your death.)

Due to 3 day right of rescission

IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH:

8. If any agent named by me shall die, become legally disabled, resign or refuse to act, I name the following (each to act alone and successively, in the order names as successor(s) to such agent:

N/A

9. If a guardian of my person is to be appointed, I nominate the following to serve as such guardian:

N/A

10. If a guardian of my estate (my property) is to be appointed, I nominate the following to serve as such guardian:

N/A

11. I am fully informed as to all the contents of this form and understand the full importance of this grant of powers to my agent.

R. Becker

Please have Robert sign above

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FEB-09-1996 14:06

FROM BECKER AND BECKER

TO

13129439230


P.05

-5-

STATE OF Illinois)
COUNTY OF Cook) ss

The undersigned, a notary public in and for the above county and state, certifies that to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivery of the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, and certifies to the correctness of the signature(s) of the agent(s).

Dated: 4/21/00


Notary Public

My commission expires: _____

The name and address of the person preparing this form should be inserted if the agent will have power to convey any interest in real estate.

THIS DOCUMENT WAS PREPARED BY:

Lochner Figer
2126 N. Sedawick
Chicago IL 60619-4620

"OFFICIAL SEAL"
CARMELITA FARRAR CAMPBELL
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/12/01

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