

UNOFFICIAL COPY

ILLINOIS POWER OF ATTORNEY



00598791

FOR FINANCES

POWER OF ATTORNEY made this 18th day of August
of the year of 1992.

1 I, DOROTHY G. LANTHIER A/K/A MARY DOROTHY LANTHIER,
of CHICAGO, ILLINOIS hereby appoint my daughter, DOROTHY A. CIECKO
of CHICAGO, ILLINOIS as my attorney-in-fact (my "agent") to act
for me and in my name with respect to the 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 additions to the specified power inserted in
the paragraphs set forth:

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business operations.
- (m) Borrowing transactions.

5193/0146 20 001 Page 1 of 4
2000-08-07 12:30:08
Cook County Recorder
\$1.00

00598791

BOX 333-CTI

20036164/7870132
1084 NA

Handwritten initials and marks

(r) Estate transactions.

UNOFFICIAL COPY

(o) All other property powers and transactions.

2. 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.

3. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney and said agent shall be reimbursed of any costs and expenses incurred from performing services on behalf of the principal.

4. This power of attorney shall become effective upon my inability, as determined by my agent in consultation with my treating physician, to give prompt and intelligent consideration to financial matters because of illness or mental or physical disability. I hereby waive physician-patient confidentiality with respect to information given by my treating physician to my agent for purposes of this determination.

5. This power of attorney shall terminate upon my death.

6. 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 named) as successor (s) to such agent:

DAVID A. LANTHIER

00598791

UNOFFICIAL COPY

Property of Cook County Clerk's Office

00598791
UNOFFICIAL COPY

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

DATE 8/18/92

Signed *Dorothy G. Lanthier*
DOROTHY G. LANTHIER
A/K/A MARY DOROTHY
LANTHIER

Specimen signature of agent

I certify that the signature of my agent is correct.

x Dorothy A. Ciecko
DOROTHY A. CIECKO

x Dorothy G. Lanthier
DOROTHY G. LANTHIER
A/K/A MARY DOROTHY LANTHIER

UNOFFICIAL COPY

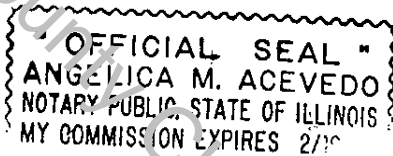
STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

00598791

The undersigned, a notary public in and for the above county and state, certifies that DOROTHY G. LANTHIER A/K/A MARY DOROTHY LANTHIER known to me 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 delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, (and certified to the correctness of the signature(s) of the agent(s)).

Dated: August 18, 1992.


NOTARY PUBLIC



This document was prepared by:
MARY C. FAHEY
LAW OFFICES OF
FAHEY & ASSOCIATES
3554 W. Irving Park Road
Chicago, Il. 60618
(312) 509-1700
No.: 18619