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GENERAL POWER OF ATTORNEY

(With Durable Provision)

202847300TClasaleide NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWLES TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROP-ERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THUSE POWERS WILL EXIST EVEN AFTER YOU BECOME DIS-ABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHO-RIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANY CLUNG ABOUT THIS FORM THAT YOU DO NOT UNDER-STAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE

TO ALL PERSONS, be it known that I, of KLOTHILDE DAN JANDUIC of CHICAGO IL. the undersigned Grantor, do hereby make and gran. general power of attorney to GOSPA DYORDIEVIC, of GINVIEW and do thereupon constitute and appoint said individua as my attorney-in-fact.

THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.

6450 (A) Real estate transactions (B) Tangible personal property transactions (C) Bond, share and commodity transactions (D) Banking transactions (E) Business operating transactions (F) Insurance transactions

(G) Gifts to charities and individuals other than Attorney-in-Fact (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)

(H) Claims and litigation

(I) Personal relationships and affairs

(J) Benefits from military service

(K) Records, reports and statements

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.

HON RECONSILE MAIL TO MARC DISHERMAN SUITE E

ZINCHMOOD, IZ 60712

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attor-

	ONOT FOME OUT
(KD)	(L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select
EKP J.	(M) Access to safe deposit box(es)
[Kb] [Kb]	(N) All other matters
I R N JK D	Durable Provision:
	(O) If the blank space in the block to the left is initialed by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.
	Other Terms:

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advise's, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE IN FECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY LAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this - 3 the day of	FEBRUARY (vear) 2000.
Signed in the presence of:	Y Khilde Damy anount -
Miness Sosia	Granter
Esa DMayer Witness	Attorney-in-Fact / Cudyenc
to me (or proved to me on the basis of satisfactory of the within instrument and acknowledged to me that	, appeared person(s) whose name(s) is are subscribed to he/she/they executed the same in his/her/their cut/vorized capacinstrument the person(s), or the entity upon beha'r of which the
WITNESS my hand and official seal.	Ca
Signature Rose Freuencel	
(Seal) "OFFICIAL SEAL"	AffiantKnown Produced ID Type of ID
If Your State required: x 11" forms NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 11-02-2003	s, cut off the bottom of this page at the dotted line.

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LEGAL DESCRIPTION

LOT 13 IN BLOCK 47 IN W.F. KAISER AND COMPANY'S PETERSON WOODS ADDITION TO ARCADIA TERRACE IN THE SOUTHWEST 1/4 OF SECTION 1, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO PLAT THEREOF RECORDED JANUARY 7, 1915 AS DOCUMENT 5557707 IN COOK COUNTY, ILLINOIS.

NOWN A.

COOK COUNTY CLOTHES OFFICE TAX ID NO. 13-01-328-027-0000 COMMONLY INOWN AS: 5624 NORTH CALIFORNIA, CHICAGO, IL 60659

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