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2000-12-20 Cook County Recorder 14:48:51

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TICOR TITLE INSURANCE

POWER OF ATTORNEY



of	,Illinois_, hereby
1. IElaine M. Chaloupka, of	my true and lawful attorney-in-fact for me
and in my name, place and stead, and for my use and	beneut.
a. to exercise, do, or perform any act, right I now have or may acquire the legal right, power or connection with, arising out of, or relating to the pure described as follows: See Exhibit A	at, power, duty or obligation whatsoever that
in Cook COUNTY, II INOIS.	·
b. to sign, endorse, execute, acknowledge applications, contracts, agreements, options, covered checks, drafts, satisfactions of mortgages, judgement debts and obligations, and such other instruments in necessary or proper in the exercise of the rights and	writing whatever kind and nature as may be powers herein granted.
2. I grant to my attorney-in-fact full power and a and thing whatsoever requisite, necessary, and proprights and powers herein granted, as fully to all interpersonally present, with full power of substitution of the substitute o	er to be done in the exercise of any of the ents and purposes as I might or could do if

- done by virtue of this power of attorney and the rights and powers herein granted This instrument is to be construed and interpreted as a power of attorney for time purposes of completing requirements of in obtaining a mortgage loan on and/or closing on the purchase of the property described and powers herein does not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted.
- The rights, powers, and authority of my attorney-in-fact to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect thereafter until such time as the mortgage loan on and the closing on the purchase or refinance of the previously described property are complete and all documents have executed, or Dec ember 31 2000, whichever occurs first.

Page 1 of 2 Pages

UNOFFICIAL COPY

i,
I, Elaine M. Chaloupkairst being duly sworn on oath, depose and say that
I have read the above Power of Attorney, I understand its contents and I agree to its terms. I
therefore have affixed my signature this 210 day of <u>December</u> 2000.
therefore have affixed my signature this 7. to the reminer
X Elvine Chuloupka t
Signature of Principal
Elaine M. Chaloupka
Principal's name printed or typed
known to me to be the
I, the undersigned witness, certify that Elaine M. Chaloupka known to me to be the
same person who's name is subscribed as principal to the foregoing power of attorney, appeared
before me and the notary public and acknowledged signing and delivering the instrument as the
free and voluntary act critic principal, for the uses and purposes therein set forth. I believe him
or her to be of sound mind and memory.
Signature of Witness
SUSAN CRIPPO Name printed or typed
200
December 2000
Dait
State of Illinois
County of <u>look</u>
I, the undersigned, a notary public in and for the above county ard state, certify that
Linewise to the the the time william willow in its
1 1 - 1 - main aims to the torrecting power of all office, appeared boxers in a six
witness in person and acknowledged signing and delivering the hist difference as the last difference as
voluntary act of the principal, for the uses and purposes therein set form.
Dated Dec. , 2000 Y Karen M. Skenner Notary Public
Dated Dec. ,2000 X Karen M. Skenner Notary Public
Notary Public
as a real bast
orepared by to My commission expires 3/27/2001
Mail to: Greta F. Carl
0. 1 0. 1 0ale #101
1059 W. Oaker (10)
10. (a) JOBO 7 C 01' F "OFFICIAL SEAL"
Chicago Karen M. Skinner
SEAL Notary Public, State of Illinois S
SEAL My Commission Exp. 03/27/2001 Securior Commission Exp. 03/27/

Page 2 of 2 Pages 8.31.00

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