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2000-12-21 15:40:29

Cook County Recorder

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A205-10 R205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

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 POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROP-ERTY WITHOUT ADVANCE STICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE 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 ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDER-STAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, Gladys Taylor of 853 MacArthur Drive, Chicago Heights, 12. 60411
the undersigned Grantor, do hereby make and grant a general power of atterney to Raymond H. Taylor or , of 821 Burnham Lane, Batavia, II. 60510 Kathleen M. Taylor , and do thereupon constitute and appoint said individual as my attorney-in-fact

My attorney-in-fact shall act in my name, place and stead in any way which 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 lox 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.)

- (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
 - Personal relationships and affairs
 - (J)__Benefits.from military service
 - 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.

AFTER RECORDING, RETURN TO: RECORDER'S BOX 454.



UNOFFICIAL COPY.

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[2 4.]	(L) Full and unquality powers to any powers	fied authority to my at erson or persons whom	torney-in-fact to delegate my attorney-in-fact shal	any or all of the foregoing l select
[4.4]	(M) Access to safe d	eposit box(es)		
[92]	(N) All other matters			
Durable Provision:				
[本7]	(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:			•
		•		4
		- ,		
My attorney-i	n-tact hereby accep	ts this appointment	subject to its terms a	nd agrees to act and per-
				he in his/her best discre-
	lvisable and I affire			
		•		BY AGREE THAT ANY
				FACSIMILE OF THIS
				ON OR TERMINATION
				UNLESS AND UNTIL
				OR TERMINATION
				I FOR MYSELF AND
				D ASSIGNS, HEREBY
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AGAINST A	NY AND ALL CL	AIMS THAT MA	ARISE AGAINST	SUCH THIRD PARTY
				PROVISIONS OF THIS
INSTRUME	NT.		9	•
				r
Signed	under seal this -22_	day of May	· · · · · · · · · · · · · · · · · · ·	— _(year) .—2000 -——
Signed in the pr	esence of:			
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Z Marion Z	~ Kodreguer		- Tacyon.	22
Witness		Grantor	mod Holas	Ties)
+ Sura	Sevench	. Angle	tean Jayle	-/x
Witness	<u></u>	Attorne	y-in-Fact	
- 1.1				0
State of	inois }			
County of Coo	k 2000 hef	ore me, Gladys Ta	vlor	, appeared
On Hay 22	Dei	ore me,	•	, personally known
to me (or prove	d to me on the basis of	satisfactory evidence)	to be the person(s) whos	e name(s) is/are subscribed to
the within instru	iment and acknowledge	ed to me that he/she/the	y executed the same in h	nis/her/their authorized capac-
· ·			it the person(s), or the er	ntity upon behalf of which the
person(s) acted.	executed the instrumer	it.		
WITNESS my	nand and official seal.			
_Signature	Doi Owerk			
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0		~~~ ~~~	Affiant	KnownProduced ID

"OFFICIAL SEAL"

"UP- or ID ______

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

My Commission Expires 8/21/01

(Seal)

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EXHIBIT A

The South 75 feet of the North 335 feet of Outlot "A" in Block 3 in Mackler Heights, a subdivision of the West 494.53 feet of the Southwest Quarter of the Southeast Quarter of Section 18, Township 35 North, Range 14, East of the Third Principal Meridian, (except the South 276 feet thereof) and the East 85.47 feet of the Southeast Quarter of the Southwest Quarter of said Section 18, (except the South 276 feet thereof), in Cook County, Illinois, according to Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on May 6, 1955, as Document No. 1592806.

Permanent Index Number: 32-18-408-027

Property Address: 853 MacArthur:Street, Chicago Heights, IL 60411.