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2001-06-28 09:57:25



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POWER OF ATTORNEY made this 14th day of May (month) 2001 (year).

I, (insert name and address of principal) hereby appoint: Kerry L. Paulson
1030 No. State Street #514 / Chicago IL 60610 (insert name and address of agent) as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in 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 additions to the specified powers inserted in paragraph or below:

only the refinancing of the mortgage on 1030 No. State St. #514 to occur on May 14, 2001.
(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 WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

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

refinance the mortgage on 1030 No. State St. #514 Chicago IL but no other real estate transactions at any time.

NO - CMK

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
SKOKIE OFFICE

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

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 or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

This power of attorney shall exist for only one real estate transaction & that transaction is the refinancing of our primary residence located at 1030 No. State Street, #514 Chicago IL which refinancing shall begin & end on May 14, 2001.

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power to terminate prior to your death)

(insert a future date or event, such as court determination of your disability, when you want this

This power of attorney shall terminate on May 14, 2001 at 5:00pm

when you want this power to first take effect).

(insert a future date or event during your lifetime, such as court determination of your disability,

This power of attorney shall become effective on May 14, 2001 at 7:00am

INITIATING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:

UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY

AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH. ~~No-CMK~~

AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE

TIME AND IN ANY MANNER ABSENT AMENDMENT OR REVOCATION. THE

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY

~~this power of attorney~~

~~My agent shall be entitled to reasonable compensation for services rendered as agent under~~

~~ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT)~~

~~OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE~~

~~YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE~~

~~EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE~~

~~granted by me who is acting under this power of attorney at the time of reference.~~

~~select, but such delegation may be amended or revoked by any agent (including any successor)~~

~~My agent shall have the right by written instrument to delegate any or all of the foregoing~~

~~SHOULD KEEP THE NEXT SENTENCE OTHERWISE IT SHOULD BE STRUCK OUT.)~~

~~DISCRETIONARY DECISION-MAKING POWERS TO OTHERS. YOU~~

~~GRANTED IN THIS FORM BUT YOUR AGENT WILL HAVE TO MAKE ALL~~

~~NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS~~

~~YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS~~

~~GRANTED IN THIS FORM BUT YOUR AGENT WILL HAVE TO MAKE ALL~~

~~NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS~~

~~YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS~~

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~~NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS~~

~~YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS~~

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):

CMK

circumstances
any
occurs under
powers shall
of such
delegation
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ballot
to Kerry
granted
are
powers
of these
NO, none

No
completes
from
or
expenses
CMK

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

~~If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent.~~ *CMK*

~~_____ *NO - CMK* For purposes of this paragraph, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.~~ *CMK*

~~(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO DO SO BY RETAINING THE FOLLOWING PARAGRAPHS. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)~~ *CMK*

~~If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security. 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.~~ *CMK*

Signed

Cynthia M. Kostelcky
(Principal)

~~(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)~~

~~Specimen signatures of agent (and successors)~~

~~I certify that the signatures of my agent (and successors) are correct.~~ *No*

~~_____ (agent)~~

~~_____ (principal)~~

~~_____ (successor agent)~~

~~_____ (principal)~~

~~_____ (successor agent)~~

~~_____ (principal)~~

P.I.N. # 17-04-424-051-1415

*address: 1030 N State St. # 514
Chgo. Ill. 60610*

*Prepared by
Cynthia M. Kostelcky
1030 N. State St. V
514
Chgo. Ill. 60610.*

*Mail to: Koenig & Gray Title
320 N Old Glenview Rd
Wilmette, Ill. 60091*

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Cynthia M. Kostelecky

This document was prepared by:

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.)

Dated: 5/11/01 (SEAL) Ray A. Cavaballo Witness

The undersigned witness certifies that Cynthia M. Kostelecky known to me to be the same person whose 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 of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

DEBORAH L. CURRIBAL
Notary Public, State of Illinois
My Commission Expires 9/5/04

Deborah L. Curribal
5/11/01

My commission expires SEPTEMBER 5, 2004

The undersigned, a notary public in and for the above county and state, certifies that Cynthia M. Kostelecky known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness 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)).

State of ILLINOIS
County of COOK

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

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WA COMMISSION FEE \$218.00
MORALE FUND \$100.00
DEPARTMENT OF HEALTH
LOBBYING FEE

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Unit 518 in Newberry Plaza Condominium as delineated on a survey of parts of the following described real estate: Lots 1 to 11, both inclusive, and vacated alley adjacent thereto, in Newberry Estate Trustee's Subdivision of Lot 5, in Block 16 in Bushnell's Addition to Chicago in the East 1/2 of the Southeast 1/4 of Section 4, Township 39 North, Range 14, East of the Third Principal Meridian; and Block 5 in Canal Trustee's Subdivision of the South Fractional 1/4 of Section 3, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document Number 25773994, together with its undivided percentage interest in the common elements, in Cook County, Illinois.

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