



UNOFFICIAL COPY

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6510/0211 33 001 Page 1 of 3
2001-07-26 15:37:01
Cook County Recorder 25.50



0010674939

MAIL TO:
LAKESHORE TITLE AGENCY
1301 HIGGINS RD.
ELK GROVE VILLAGE, IL 60007
01074641

A240-10
R240-04

LIMITED 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 PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

3 pgs

TO ALL PERSONS, be it known, that I, COLLETTE KAREY, of 1800 DEWES ST. UNIT # 204 GLENVIEW, IL 60025, as Grantor, do hereby make and grant a limited and specific power of attorney to ROBERT E. CASTLE, of 1623 GLENVIEW RD UNIT # 217 GLENVIEW, IL and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence: (Describe specific authority)

TO NEGOTIATE AND EXECUTE THE REFINANCING AND/OR THE EQUITY LOAN SECURED BY THE PROPERTY LOCATED AT 1800 DEWES ST., UNIT # 204, GLENVIEW, IL 60025 (PIN #04-35-304-014 AND #04-35-304-015) (SEE ATTACHED LEGAL DESCR.)

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms:

Signed under seal this 10th day of JUNE, 2001 (year).
Signed in the presence of:

[Signature]
Witness

[Signature]
Grantor

[Signature]
Witness

[Signature]
Attorney in Fact

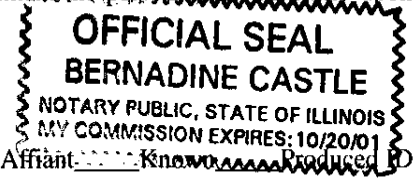
[Signature]
Witness

Witness

State of ILLINOIS
County of COOK

On 06/10/2001 before me, Bernadine Castle
appeared THOMAS KANEY COLLETTE KANEY, ROBERT CASTLE, JENNIFER DAGLEY, MARIA DAGLEY
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon
behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Bernadine Castle



Affiant: Known Produced ID
Type of ID _____ (seal)

State of _____
County of _____
On _____ before me,

appeared
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon
behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature _____

Affiant: _____ Known _____ Produced ID _____
Type of ID _____ (Seal)

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UNIT 204 AND PARKING SPACES 25 AND 26 IN DEWES COURT CONDOMINIUM, AS DELINEATED ON THE SURVEY OF CERTAIN LOTS OR PARTS THERE OF IN BLOCK 1 IN DEWES ADDITION TO OAK GLEN SUBDIVISION LOCATED IN SECTION 35, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED JANUARY 27, 2000 AS DOCUMENT 00071267, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS APPURTENANT TO SAID UNIT, AS SET FORTH IN SAID DECLARATION, IN COOK COUNTY ILLINOIS.

NOTE FOR INFORMATION:

CKA: 1800 DEWES CT. UNIT# 204, GLENVIEW, IL 60025

PIN# 04-35-304-014 & 04-35-304-015 (UNDERLYING PIN#'S)

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