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Cook County Recorder

25.00



0010779655

A240-10 R240-04

LIMITED POWER OF ATTORNEY

(With Durable Provision)

300 NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCU MENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS YOVER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGPANT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSON-AL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, L'CAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANY ONE 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 ATTORUFY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known, mat! Virginia Goldman of 4744 North Malden, Chicago, Illinois specific power of attorney to Simon Facilistein appoint and constitute said individual as my war ar j-in-fact. , as Grantor, do hereby make and grant a limited and of Chicago and

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

Sign, execute and deliver any and all documents necessary or desirable to purchase real propert; commonly known as 7901 including but not limited North Nordica, Niles, Illinois, to Notes and Mortgages for a loan with chase Manhattan Mortgage.

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 arrand 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.

Lagree 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:

BOX 333-CTI



| Signed in the presence of: | gust xxxx 2001 |
|---|---|
| Witness | Grantor Colland |
| Witness | Jacomey in Fact, |
| Witness | - |
| Witness | • |
| State of Illinois County of Cook | |
| Na August 15, 2001 before me, Virginia Goldman per or ally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/arr evidenced to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized apacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon | |
| behalf of vht.h as person(s) acted, executed the instr WITNESS my hand and official seal. | ument. |
| Signature Ellin Sutt V. W. LLD | OFFICIAL SEAL } ELIZABETHEN WEIGH |
| State of Illinois | NOTARY PUBLIC, STATE OF ILLINGIS MY COMMISSION EXPIRES:08/10/03 |
| County of Cook On August 15, 2001 Simon Simon Sidels | Canananananananananananan |
| appeared Simoi):delstein personally known to me (or proved to me on the hasts of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acare windged to me that he/she/they executed the same in his/her/their authorized capacity(ics), and that by his/her/their s'grourc(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. | |
| Signanure Elizabeth V. Weeks | |
| , v | Affiant Known Produced ID Tyre of ID (Sol) |
| **** | OFFICIAL SEAL (Seal) |
| ELIZABETH V WEISS | |
| MY Ş MY | TARY PUBLIC, STATE OF ILLIN/JIS COMMISSION EXPIRES:08/10/J3 |
| (mmmmmmmmmmmmmmmm) | |

O E-Z Logal Forms. Before you ass this form, read it, fill in all blanks, and make whatever changes are necessary to your particular transaction. Consult a tawyer if you doubt the form's fluence for your purpose and use. E-Z Legal Forms and the resalier traits no representation or warranty, express or implied, with respect to the marchestability of this form for an intended ups or purpose.

(Revised 197)

STREET ADDRESS: 7901 NORTH COEFFICIAL COOK
CITY: INILES
COUNTY: COOK
TAX NUMBER: 26 26 27

TAX NUMBER: 10-30-125-070-0000

LEGÁL DESCRIPTION:

PARĆEL 1:

LOT 4 (EXCEPT THE NORTH 107.33 FEET THEREOF, AND EXCEPT THE WEST 160.6 FEET THEREOF) IN LAWRENCEWOOD GARDENS, A SUBDIVISION IN THE NORTHWEST 1/4 OF SECTION 30, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PARCEL 2:

AN UNDIVIDED 1/16TH INTEREST IN THE WEST 15.0 FEET OF SAID LOT 4 IN LAWRENCEWOOD GARDENS COOK COUNTY, ILLINOIS.

PARCEL 3:

NT 1783.

COOK COUNTY CLERK'S OFFICE EASEMENTS FOR INCRESS AND EGRESS FOR THE BENEFIT OF PARCELS 1 AND 2 AS SET FORTH AND DEFINED IN DOCUMENT 17832529.