

1210936121

WARRANTY DEED
TENANCY BY THE ENTIRETY



MAIL TO:
Jonathan M. Aven
75 E. Wacker - Suite 700
Chicago, Illinois 60601



NAME & ADDRESS OF TAXPAYER:
Chad McCurdy
3408 Scott
Franklin Park, Illinois 60131

GRANTOR(S), Victoria Fafinski, a widow and not remarried, Richard L. Fafinski, married, Christine T. Fafinski, divorced and not since remarried, Lucille M. Fafinski Troch, a widow and not remarried and Thomas P. Fafinski, married of , in the County of , in the State of Illinois, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration in hand paid, CONVEY(S) and WARRANT(S) to the GRANTEE(S), Chad McCurdy and Leslie McCurdy, husband and wife, of , in the County of , in the State of Illinois, not as TENANTS IN COMMON and not as JOINT TENANTS, but as TENANTS BY THE ENTIRETY, the following described real estate:

LOT 20 (EXCEPT THE NORTH 3 FEET) AND LOT 21 (EXCEPT THE SOUTH 8 FEET) IN BLOCK 44 IN THE THIRD ADDITION TO FRANKLIN PARK A SUBDIVISION IN SECTION 21 AND 28, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS

Permanent Index No:
12-21-310-055

This stamp processed pursuant to Section 7-10B-4 A (2) of the Franklin Park Village Code governing review of documents
7-18-01

Property Address:
3408 Scott, Franklin Park, Illinois 60131

SUBJECT TO: (1) General real estate taxes for the year and subsequent years. (2) Covenants, conditions and restrictions of record.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. To HAVE AND TO HOLD said premises not as TENANTS IN COMMON and not as JOINT TENANTS but as TENANTS BY THE ENTIRETY.

DATED this 19 day of July, 2001.

Lucille M. Fafinski Troch
Thomas P. Fafinski

Christine T. Fafinski
Richard L. Fafinski

Victoria Fafinski by Lucille Troch, her attorney-in-fact

Handwritten initials and marks

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Property of Cook County Clerk's Office



COOK COUNTY CLERK'S OFFICE
110 N. LAUREL ST. CHICAGO, ILL. 60602
TEL: (312) 603-4000 FAX: (312) 603-4001
WWW.COOKCOUNTYCLERK.COM

UNOFFICIAL COPY

10709794

STATE OF ILLINOIS)
) SS
COUNTY OF KANE)

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that Victoria Fafinski, a widow and not remarried, Richard L. Fafinski, married, Christine T. Fafinski, divorced and not since remarried, Lucille M. Fafinski Troch, a widow and not remarried and Thomas P. Fafinski, married personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notary seal, this 19th day of

July

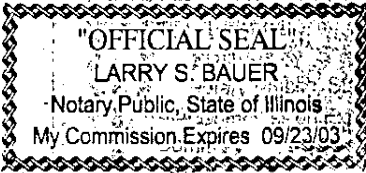
2001

Larry S. Bauer

Notary Public

(seal)

My commission expires _____



COUNTY - ILLINOIS TRANSFER STAMPS
Exempt Under Provision of
Paragraph _____ Section 4,
Real Estate Transfer Act
Date: _____

Prepared By:
Bauer Larry S.
P.O. Box 565
Geneva, Illinois 60134

Signature: _____

This is NOT THE HOMESTEAD property of Richard Fafinski's spouse OR OF Thomas Fafinski's spouse

STATE TAX	STATE OF ILLINOIS	REAL ESTATE TRANSFER TAX
	JUL. 31.01	0014500
	REAL ESTATE TRANSFER TAX DEPARTMENT OF REVENUE	FP326652

0000022171

COUNTY TAX	COOK COUNTY	REAL ESTATE TRANSFER TAX
	REAL ESTATE TRANSACTION TAX	JUL. 31.01
	REVENUE STAMP	0007250

0000022079

FP326665

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Property of Cook County Clerk's Office

Verification of Power of Attorney

The Undersigned, Lucille Troch, on oath states that the attached is a true and correct copy of a certain Illinois Statutory Short Form Power of Attorney for Property executed by Victoria Fafinski on November 30, 2000 and regarding said Power of Attorney the under states:

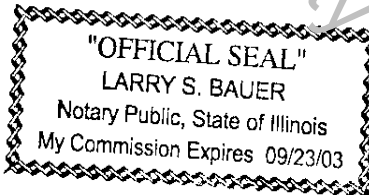
1. That said Power of Attorney is in full force and effect and has not been modified or revoked.
2. That Victoria Fafinski is living.
3. That the original of said Power of Attorney has been lost or misplaced.

Lucille Troch
Lucille Troch

Date: 7/19/01

Subscribed and Sworn to
before me this 19th day
of July, 2001

Larry S. Bauer
Notary Public



ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON 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. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

Power of Attorney made this 30th day of NOVEMBER, 2000 (month) (year)

1. VICTORIA FAFINSKI 3408 SCOTT ST. FRANKLIN PARK (insert name and address of principal)

hereby appoint: LUCILLE TROCH 4943 N. MELVINA CHICAGO IL 60630 (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 2 or 3 below:

(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.)

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

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

2. 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):

Blank lines for handwritten limitations on powers.

3. 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):

Blank lines for handwritten additional powers granted to the agent.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

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5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

6. (X) This power of attorney shall become effective on THIS DATE

(insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect)

7. (X) This power of attorney shall terminate on MY REVOCATION

(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death)

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

8. 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: RICHARD FAFINSKI - SON

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.

(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 PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

9. 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.
10. 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.

Signed Victoria Fafinski
(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.

10709794

_____	(agent)	_____	(principal)
_____	(successor agent)	_____	(principal)
_____	(successor agent)	_____	(principal)

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

State of ILLINOIS
County of COOK) SS.

The undersigned, a notary public in and for the above county and state, certifies that VICTORIA FAFINSKI 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).

Dated: 11/30/2000



Vera Samyrcia
Notary Public

The undersigned witness certifies that VICTORIA FAFINSKI 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 herein set forth, I believe him or her to be of sound mind and memory.

Dated: 11/30/2000 (SEAL)

[Signature]
Witness

(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.)

This document was prepared by: