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2000-02-17 14:44:44
Cook County Recorder 25.00



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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 the 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 power 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 11th day of February 2000

I, SHARON LYNN TUROCK SS# 370 - 46 - 5155

hereby appoint: Carol Ann Colby 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 form Property Law" including all amendments),, but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

Real Estate transactions

(Limitations on and additions to the agents 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):

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):

(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 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.

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(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.)

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, 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. () This power of attorney shall become effective on _____

7. () This power of attorney shall terminate on _____

(If you wish to name successor agents, insert the name(s) and address 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 agent:

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person 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 interest and welfare, strike out paragraph 9 if you do not want your agent to act as a 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.

I am fully informed as to all the contents of this form and understand the full import of this grant of power of attorney to my agent.

Signed:

X Sharon Lynn Turock
SHARON LYNN TUROCK

THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW:

State of Illinois
County of Cook

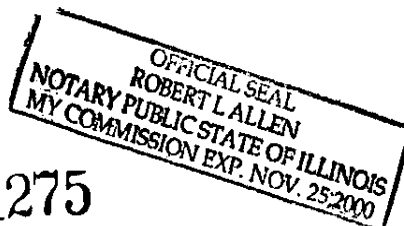
The undersigned, a notary public in and for the above county and state, certifies that SHARON LYNN TUROCK

Known to me to be the same person(s) whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the use and purpose therein set forth and certified to the correctness of the signatures of the agents.

Dated 2-14-00

Robert L. Allen
Notary Public

My commission expires:



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described property located in

County, Illinois:

THE SOUTH 9 FEET OF LOT 8 AND THE NORTH 24 FEET OF LOT 9 IN BLOCK 4 IN W. HAYDEN BELL ARCHER
KEDZIE AVENUE SUBDIVISION OF THE SOUTHEAST 1/4 OF SECTION 2, TOWNSHIP 38 NORTH, RANGE 13,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

19-02-404-061

which has the address of 4324 SOUTH CHRISTIANA, CHICAGO
Illinois 60632 ("Property Address");
[Zip Code]

[Street, City],

Initials: *MLG*

ILLINOIS-Single Family-FNMA/FHLMC UNIFORM INSTRUMENT

Form 3014 9/90
Amended 5/91

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LENDER SUPPORT SYSTEMS INC. FNMA3014.DOT (09/98)

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