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LF240-04

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.

TO ALL PERSONS, be it known, that I, Thomas P. Finks
of 1958 N. Mand, Chicago, Illinois, as
Grantor, do hereby make and grant a limited and specific power of attorney to Lisa J. Finks
of 1958 N. Mand, Chicago, Illinois

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)

Execute all aspects of the transaction relating to the refinancing of the mortgage on property located at 1958 N. Mand, Chicago, Illinois, including but not limited to the execution of all documents on my behalf.
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.

BOX 333-CT

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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 January, 2002 (year).
Signed in the presence of:

Quinte Thomas

Witness
Jamie Alexander

Witness

Witness

Witness

[Signature]

Grantor
[Signature]

Attorney-in-Fact

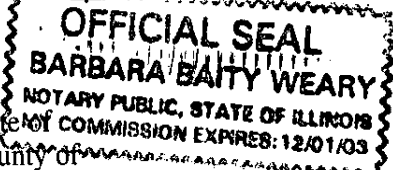
PREPARED BY AND MAIL TO :

Thomas Fink
1958 N. MAUD AVE
CHICAGO IL 60614

State of Illinois
County of Cook

On January 10, 2002 before me, Barbara Barty Weary
appeared Lisa J. Fink & Thomas P. Fink
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 Barbara Barty Weary



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

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)

Mail To: Thomas P. Fink
1958 N. MAUD AVE
CHICAGO IL 60614

UNOFFICIAL COPY

STREET ADDRESS: 1958 NORTH MAUD
CITY: CHICAGO COUNTY: COOK
TAX NUMBER: 14-32-401-063-0000

LEGAL DESCRIPTION:

LOT 11 IN MAUD AVENUE 3RD RESUBDIVISION, BEING A RESUBDIVISION OF THE NORTHEASTERLY 22 FEET LOT 47 AND LOTS 48 TO 56 AND THAT PART OF LOT 57 THAT LIES SOUTHEASTERLY OF A LINE DRAWN PERPENDICULAR TO THE NORTHEASTERLY LINE OF LOT 57 THROUGH A POINT THEREIN 184.50 FEET SOUTHEASTERLY OF THE MOST EASTERLY CORNER OF LOT 65 ALL IN HAPGOODS SUBDIVISION OF LOT 1 AND PART LOT 2 IN BLOCK 9 IN SHEFFIELDS ADDITION TO CHICAGO IN THE WEST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office