

Doc 3 7998471

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2002-06-14 09:34:22
Cook County Recorder 51.00

POWER OF ATTORNEY made this day of
JUNE (month) 2002 (year).
I, Michael D Salon, hereby appoint:

Adam R Salon

, 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 or below:



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J.P.

(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. *specifically the refinance of 2714 Reese, Evanston, IL 60201*
- (b) ~~Financial institution transactions.~~
- (c) ~~Stock and bond transactions.~~
- (d) ~~Tangible personal property transactions.~~
- (e) ~~Safe deposit box transactions.~~
- (f) ~~Insurance and annuity transactions.~~
- (g) ~~Retirement plan transactions.~~
- (h) ~~Social Security, employment and military service benefits.~~
- (i) ~~Tax matters.~~
- (j) ~~Claims and litigation.~~
- (k) ~~Commodity and option transactions.~~
- (l) ~~Business operations.~~
- (m) Borrowing transactions. *-refinance of 2714 Reese, Evanston, IL 60201*
- (n) ~~Estate transactions.~~
- (o) ~~All other property powers and transactions.~~ *PIN 05-33-415-014-0000*

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):

Execute and deliver any and all documents necessary to procure the mortgage from proceeds of which are to be used to

BOX 333-CRTT

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11/11/2023

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State of Illinois

County of Cook)SS.

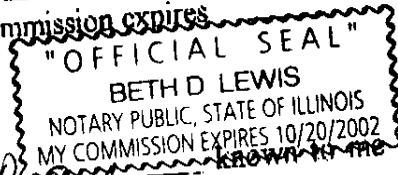
The undersigned, a notary public in and for the above county and state, certifies that Michael D. Sales known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering 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: 6/4/02 (SEAL)

Beth D Lewis

Notary Public

My commission expires



The undersigned witness certifies that Michael D. Sales 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 therein set forth. I believe him or her to be of sound mind and memory.

Dated: 6/4/02 (SEAL)

Jennifer

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 and Mail To:

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):

See Legal Description and PIN # Attached as Exhibit A

(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.)

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.)

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.)

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

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

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

Dated 6/4/02 (SEAL) [Signature] - Principal



CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1409 007998471 SK
STREET ADDRESS: 2714 REESE
CITY: EVANSTON COUNTY: COOK
TAX NUMBER: 05-33-415-014-0000

LEGAL DESCRIPTION:

LOTS 7 AND 8 IN BLOCK 7 IN BROWNE AND CULVERS ADDITION TO NORTH EVANSTON IN SECTION 33, TOWNSHIP 42 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

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