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2002-07-19 11:35:56
Cook County Recorder 47.50



LIMITED POWER OF ATTORNEY

(With Durable Provision)

A240-10
B240-04

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.

SP

TO ALL PERSONS, be it known, that I, ROSEMARY VALLEY of CHICAGO, IL
do hereby make and grant a limited and specific power of attorney to KATHLEEN ROSEIOLER of DOWNERS GROVE, IL
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)

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.

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:



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4446

Lawyers Title Insurance Corporation

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Priority 1 Title Corporation
Policy Issuing Agent for
Commonwealth Land Title Insurance Company

SCHEDULE A CONTINUED - CASE NO. pri230

LEGAL DESCRIPTION:

The South 20 feet of Lot 147 and the North 10 feet of Lot 148 in Sheridan Drive Subdivision, being a Subdivision of the North 3/4 of the East 1/2 of the Northwest 1/4 of Section 17, Township 40 North, Range 14, East of the Third Principal Meridian, together with that part of the West 1/2 of the Northwest 1/4 which lies North of the South 800 feet thereof and East of Green Bay Road, in Cook County, Illinois.

14-17-103-016

Cook County Clerk's Office

20792437

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Signed under seal this _____ day of _____
Signed in the presence of:

X Dolores Gallagher
Witness
X [Signature]
Witness

X Rosemary Valley
Grantor
Kathleen McReidley
Attorney in Fact

Witness

Witness

State of New York
County of New York

On July 6th 2002

before me, Lillian Cauchi

appeared Rosemary Valley
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.

X Signature Lillian Cauchi

LILLIAN CAUCHI
Notary Public, State of New York
No. 01CA6033032
Qualified in New York County
Commission Expires November 8, 2005

Affiant Known Produced ID Drivers License and Credit CARD
Type of ID (Seal)

State of
County of
On

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)

prepared by
mail to:
Rosemary Valley
4744 N. Malden
Chicago IL 60640



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