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8526/0008 83 003 Page 1 of 3
2002-06-25 11:24:13
Cook County Recorder 25.50



Property of Cook County Clerk's Office

I HEREBY CERTIFY THIS TO BE A TRUE & CORRECT COPY OF THE ORIGINAL
[Signature]
JOSEPH LAZARA
INDEPENDENT CLOSER

POWER OF ATTORNEY
BERTHA M. PARANOWSKI

Lot 11 in Block 3 in Cobe and McKimmon's Gage Park Subdivision of the South half of the South Half of the North East Quarter of the North Est Quarter of Section 13, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois

3^M

Address of Property: 5659 South Maplewood, Chicago, IL 60629

Permanent Index Number: 19-13-209-021-0000

Prepared by: Robert J. Clifford, 6006 West 159th Street, Bld. B, Oak Forest, IL 60452

Return to:
Joseph A. La Zara
7246 West Touhy
Chicago, IL 60631



KNOWN ALL MEN BY THESE PRESENTS

1. That I, **BERTHA M. BARANOSKY**, of 5659 S. Maplewood, Chicago, IL 60629, on the date as first indicated below, hereby appoint **Marian L. Nowak (Baranosky)** 811 Willow Hills Lane, Prospect Hts. Illinois, as my attorney-in-fact (my "agent") to act for me in my name (in any way I could act in person) with respect to the following powers, as defined in §3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments,) but subject to any specific limitations on, or additions to, the specified powers as indicated below:

- (a) Financial institution transactions.
- (b) Tangible personal property transactions.
- (c) Safe deposit box transactions.
- (d) Retirement plan transactions.
- (e) Insurance and annuity transactions.
- (f) social security, employment and military service benefits.
- (g) All other property powers and transactions.

3. 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.

4. This power of attorney shall become effective upon my agent receiving written notice that I am incapacitated. I shall be deemed incapacitated when a physician familiar with my condition certifies that I am unable to transact ordinary business. Any person dealing with my agent shall be fully protected in assuming that my agent has received written notice that I am incapacitated in compliance with this paragraph.

5. This power of attorney shall terminate upon my death.

6. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following as successor to such agent: **Vicki L. Lenzini (Baranosky)** of 3676 Woodlawn, Gurnee, IL.

7. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power as such guardian, to serve without bond or security.

8. I further state that I am fully informed as to all contents of this power of attorney and understand the full import of this grant of powers to my agent.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this 14TH day of August, 1998.

Signed: Bertha M. Baranosky
Bertha M. Baranosky, principal

) ss.

County of Cook)

I, YVONNE M. CLIFFORD, a notary public in and for the County of Cook, and the State of Illinois, certifies that **Bertha M. Baranosky** personally known to me to be the same person whose name is subscribed to the foregoing power of attorney, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the instrument as her free and voluntary act of the principal, for the uses and purposes therein set forth.

Dated: August, 14TH, 1998

Yvonne M. Clifford
Notary Public



My commission expires: October 15, 1999

This document was prepared by: Robert J. Clifford, Attorney at Law, 6006 W. 159th St., Bld. B. Oak Forest, IL 60452/Telephone No. (708) 687-0693

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