

UNOFFICIAL COPY

0021077994  
9215/0001 80 002 Page 1 of 3  
2002-10-02 08:07:00  
Cook County Recorder  
0021077994  
9215/0001 80 002 Page 1 of 3  
2002-10-02 08:19:00  
Cook County Recorder 50.50



COOK COUNTY  
RECORDER  
EUGENE "GENE" MOORE  
BRIDGEVIEW OFFICE

A240-10  
R240-04

### 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.

*11 LOR 494 600*  
TO ALL PERSONS, be it known, that I, *NANCY ROMANO*, of *12020 OAK TREE LN*  
*Lemont Illinois*, as Grantor, do hereby make and grant a limited and  
specific power of attorney to *RAYMOND ROMANO*, of *SAME AS ABOVE* 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)

*FOR REFINANCE OF 12020 OAK TREE LANE  
LEMONT ILLINOIS*

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:

BOOK 630,573,6100 TO 7881505

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Property of Cook County Clerk's Office

UNOFFICIAL COPY 0021077994

Signed under seal this 23<sup>RD</sup> day of SEPT 19 2002  
Signed in the presence of:

Melissa Bukrot  
Witness  
[Signature]  
Witness  
Cada Janis  
Witness  
[Signature]  
Witness

X Nancy Romano  
Grantor  
RAY ROMANO  
Attorney in Fact  
X Ray Romano

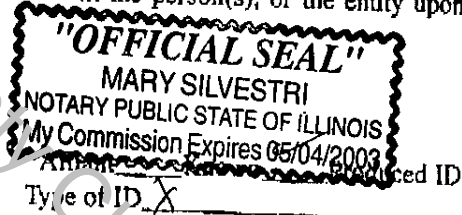
State of Illinois  
County of DuPage

On SEPT 23<sup>rd</sup> before me, Mary Silvestri  
appeared Ray Romano

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 Mary Silvestri



State of Illinois  
County of DuPage

On SEPT 23<sup>rd</sup> before me, Mary Silvestri  
appeared NANCY Romano

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 Mary Silvestri

21077994

Affiant Known  Produced ID  
Type of ID \_\_\_\_\_

(Seal)

prepared by  
& mailed to:  
Ray Romano  
12020 Oak Tree Lane  
Lemont Ill 60439



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# TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000494600 OC  
STREET ADDRESS: 12020 OAK TREE LANE  
CITY: LEMONT COUNTY: COOK COUNTY  
TAX NUMBER: 22-27-204-007-0000

**LEGAL DESCRIPTION:**

LOT 7 IN OAK TREE, A SUBDIVISION OF THAT PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 27, TOWNSHIP 37 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPT THE EASTERLY 40 FEET OF SAID EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 27, LYING NORTHWESTERLY OF THE CENTER LINE OF ARCHER AVENUE; ALSO THE EAST 35.80 LINKS OF THAT PART OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 27 AFORESAID, LYING NORTHWESTERLY OF THE CENTER LINE OF ARCHER AVENUE, IN COOK COUNTY, ILLINOIS

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