### **UNOFFICIAL CO** 10:32:33 2002-12-09

Cook County Recorder

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LF205-04 R205-04

### GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCU-MENT, 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, 12 AT of ST21 HIGHLAND DR, PALATINE, IL the undersigned Grantor, do hereby make and grant a general power of attorney of ST21 HIGHLAND DR, PALATINE, IL LOOKand do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I rivoelf could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

(A) Real estate transactions

(B) Tangible personal property transactions

(C) Bond, share and commodity transactions

(D) Banking transactions

(E) Business operating transactions

→ Insurance transactions

(G) Gifts to charities and individuals other than Attorney-in-Fact/Agent

(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)

Rev. 10/01

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[ ] (H) Claims and litigation	
(I) Personal relationships and a	
[ ] ( <del>J) Benef to from military servi</del> [ ] ( <del>K) Records, reports and statem</del>	
(h) Recease reports and statem	rity to my attornoy in fact/agent to delegate any or all of the
foregoing powers to any per	rson or persons whom my attorney-in-fact/agent shall select
(M) Access to safe deposit box (	es)
(N) To authorize medical and su (O) All other matters	urgical procedures (Pennsylvania only)
Durable Provision:	
(P) If the blank space in the blo	ock to the left is initialed by the Grantor, this power of attorney
shall not be affected by the	subsequent disability or incompetence of the Grantor.
Other Terms: REANANCI	14 DE PEOPERTY
, , , , , , , , , , , , , , , , , , , ,	
My attorney-in fact/agent hereby accepts t	his appointment subject to its terms and agrees to act
and perform in said fiduciary capacity con-	sistent with my best interests as he/she in his/her best
discretion deems ad neable, and I affirm an	d ratify all ages so undertaken
TO INDUCE ANY THREE DARTY TO ACT	de ratify all acts so undertaken.
DARTY DECEMBER A DECY EXECUTED	HEREUNDER, I HEREBY AGREE THAT ANY THIRD
ACT HEDELINDER AND CHAS DEVICE	COPY OR FACSIMILE OF THIS INSTRUMENT MAY
ACT HEREUNDER, AND TPA: REVOC	CATION OR TERMINATION HEREOF SHALL BE
INEFFECTIVE AS TO SUCH THIRD PA	RTY UNLESS AND UNTIL ACTUAL NOTICE OR
KNOWLEDGE OF SUCH REVOCATION OF	R TERMINATION SHALL HAVE BEEN RECEIVED BY
SUCH THIRD PARTY, AND I FOR WIT	ELF AND FOR MY HEIRS, EXECUTORS, LEGAL
REPRESENTATIVES AND ASSIGNS, HERE	Y AGREE TO INDEMNIFY AND HOLD HARMLESS
ANY SUCH THIRD PARTY FROM AND AG	GAINST ANY AND ALL CLAIMS THAT MAY ARISE
AGAINST SUCH THIRD PARTY BY REASO	N OF SUCH THIRD PARTY HAVING RELIED ON THE
PROVISIONS OF THIS INSTRUMENT.	THE THE THE THE THE TENT OF THE
Signed under seal this 1712 day of	UCTOREY, 2002
Signed in the presence of:	
	1) I va
	- human
Witness	Grantor
	Abailain Val
Witness	Attorney-in-Fact/Agent
State of IL	
County of Lake	Raj K. Kanal
County of Lake On October 18,2002 before me.	5721 Highland Ave personally known
	paratine The 6000 , personally known
to me (or proved to me on the basis of satisfactory e	vidence) to be the person(s) whose name(s) is/are subscribed to
the within instrument and acknowledged to me that h	ne/she/they executed the same in his/her/their authorized capac-
ity(ies), and that by his/her/their signature(s) on the i	instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.	
WITNESS my hand and official seal.	
1/1 001	
Signature KOHNYM K. Pallymo	
J	Affigut Vnoun Produced ID
***************************************	AffiantKnownProduced ID Type of ID
"OFFICIAL SEAL"	(Seal)
Kathryn R. Palermo	(Seal)
Notary Public, State of Illinois	Page 2
My Commission Exp. 04/15/2006	Page 2
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ORDER NO.: 1409 - 008054718 ESCROW NO.: 1409 . 022115111

STREET ADDRESS: 5721 HIGHLAND AVENUE

CITY: PALATINE ZIP CODE: 60067

TAX NUMBER: 02-27-303-051-0000

COUNTY: COOK

21354450

#### **LEGAL DESCRIPTION:**

Droperty Ox Cc LOT 31 IN WEXFORD UNIT 2, BEING 7 SUBDIVISION IN THE SOUTH 1/2 OF OUNT CONTO SECTION 27, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

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