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2002-12-27 09:06:51  
Cook County Recorder 30.50

COOK COUNTY  
RECORDER  
EUGENE "BEN" MOORE  
BRIDGEVIEW OFFICE



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4

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Date 11-26-02 UNOFFICIAL COPY

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Attention Nancy VAN Bockstaele

FAX: 847-726-7732

COOK COUNTY  
RECORDED  
ENROLL "GENE" MOORE  
BANK REVIEW OFFICE

346607  
LP240-04  
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.

TO ALL PERSONS, be it known, that I, Donald Naughton Jr.  
of 3805 Raven Lane Rolling Meadows IL 60008  
as Grantor, do hereby make and grant a limited and specific power of attorney to Shandra L. Naughton  
of 3805 Raven Lane, Rolling Meadows, IL 60008  
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)

of the Mortgage of our home, Authorize and sign my name for the refinancing  
3805 Raven Lane  
Rolling Meadows IL 60008

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 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.

**IMPORTANT NOTE:** This form is not valid for delegating personal financial and or property matters in the state of Maine. To obtain the correct form, call 1-800-822-4566 or visit www.MadeE-Z.com and click "access bonus forms" for a free downloadable form.

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This product does not constitute the rendering of legal advice or services. This product is intended for informational use only and is not a substitute for legal advice. State laws vary, so consult an attorney on all legal matters. This product was not necessarily prepared by a person licensed to practice law in your state.

PREP: DONALD NAUGHTON  
MAIL TO: 3805 RAVEN LANE  
ROLLING MEADOWS IL  
60008  
AQAB - RISO

Not  
Notarized

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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:

Signed under seal this \_\_\_\_\_ day of \_\_\_\_\_, 2002

Signed in the presence of:

Witness [Signature]

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Grantor [Signature]

Attorney-in-Fact \_\_\_\_\_

State of Illinois  
County of Cook

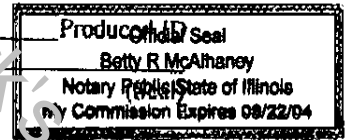
On Nov 4, 2002 before me,  
appeared

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 [Signature]

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



State of \_\_\_\_\_  
County of \_\_\_\_\_  
On \_\_\_\_\_ before me,  
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)

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## TICOR TITLE INSURANCE COMPANY

**ORDER NUMBER:** 2000 000376607 SC

**STREET ADDRESS:** 3805 RAVEN LANE

**CITY:** ROLLING MEADOWS

**COUNTY:** COOK COUNTY

**TAX NUMBER:** 02-36-414-021-0000

**LEGAL DESCRIPTION:**

LOT 2409 IN ROLLING MEADOWS UNIT NUMBER 17, A SUBDIVISION IN THE SOUTH 1/2 OF SECTION 36, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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