

NW61114 - N A - 213 - 11/19/01

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5331/0057 18 001 Page 1 of 6
2003-02-21 08:10:26
Cook County Recorder 34.00



Property of

ILLINOIS STATUTORY SHORT FORM OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON 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. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOU AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOU AGENT MAY EXERCISE THE POWERS (GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED). THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART. THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY, made this day of October, 2001.

1. I, Jason R. Schober, hereby appoint Ruth S. Geis, of Chicago, Illinois as my attorney-in-fact ("agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to

BOX 333-CT

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the specified powers inserted in paragraph 2 or 3 below:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

- (a) Real estate transactions including co-op transaction and land trust documents
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

2. The powers granted above shall not include the following power or shall be modified or limited in the following particulars (here you may include any specific limitation you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):

None

3. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegatable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below): *I specifically authorize my agent to sign a note and mortgage from Cendant Mortgage, its successors and or assigns, and any and all other documents necessary or desirable to complete the financing and purchase of property located at 539*

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N. Sheridan Rd., #1N, Evanston, Illinois 60202
on or about the 2nd day of November, 2001 or at the
time of the closing of such property.

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS
NECESSARY TO ENABLE THE AGENT TO PROPERTY EXERCISE THE POWERS
GRANTED IN THIS FORM, BUT YOU AGENT WILL HAVE TO MAKE ALL
DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP
THE NEXT SENTENCE, OTHERWISE, IT SHOULD BE STRUCK OUT.)

4. My/our 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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL
REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF
ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR
AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES
AS AGENT.)

5. My/our agent shall be entitled to reasonable
compensation for services rendered as agent under this power of
attorney.

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY
TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE
AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE
AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR
DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS
MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE
FOLLOWING:)

6. (X) This power of attorney shall become effective on:
October 30, 2000.

(insert a future date or event, such as court determination
of your disability, when you wish this power to first take
effect.)

7. (X) This power of attorney shall terminate on:
At the complete termination of the closing of unit 1N, 539 N.
Sheridan Rd., Evanston, Illinois 60202 or November 6, 2001
whichever is sooner.

(insert a date or a future event if you wish this power to
terminate prior to your death.)

31 30243497

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

Susan Lerner

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician. (IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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

10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Signed [Signature]
Principal

(YOU MAY, BUT ARE NOT REQUIRED TO REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of agent (and successors)

[Signature]
(agent)

I certify that the above signature(s) of my agent (and successor) is correct.

[Signature] (principal)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

State of Illinois

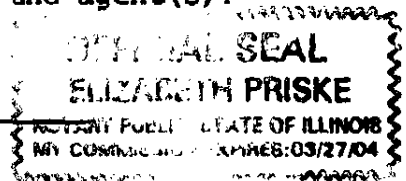
SS.

County of Cook

The undersigned, a notary public in and for the above county and state, certifies that Jason R. Schober, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as his free and voluntary act for the uses and purposes therein set forth and certified to the correctness of the signature(s) of the agent(s).

Dated: 10-30-01

Elizabeth Priske
Notary Public



My commission expires: 3/27/04

The undersigned witness certifies that Jason R. Schober, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing, and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

Dated:

Ann Foely
Witness

This instrument prepared by: Ruth S. Geis, 5647 S. Drexel, Chicago, Illinois 60637

Please Return to: Ruth Geis 5647 S. Drexel Ave.
Chicago IL 60637

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1401 NW6121174 LPA

STREET ADDRESS: 539 SHERIDAN ROAD

UNIT #1-N

CITY: EVANSTON

COUNTY: COOK

TAX NUMBER: 11-20-103-030-1001

LEGAL DESCRIPTION:

UNIT 1 AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS PARCEL):

LOT 10 IN BLOCK 3 IN ARNOLD AND WARREN'S ADDITION TO EVANSTON, SAID ADDITION BEING A SUBDIVISION OF THE SOUTHWEST FRACTIONAL 1/4 OF SECTION 20, TOWNSHIP 41 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO DECLARATION MADE BY FIRST NATIONAL BANK AND TRUST COMPANY OF EVANSTON, A CORPORATION OF THE UNITED STATES OF AMERICA, AS TRUSTEE UNDER TRUST AGREEMENT DATED JANUARY 23, 1975 AND KNOWN AS TRUST NUMBER 1806 AND RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS ON JUNE 9, 1975 AS DOCUMENT NUMBER 23107452 TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY) IN COOK COUNTY, ILLINOIS