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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY Jer DURABLE PUWER OF ATTORNEY

58.50

(The place above for Recorders use only)

Legal Description: See attached Legal Description

S.E.WART TILLE OF ILLINGS SILWAN AMILEUR ILINUSS AMORNASALES REFERENCES This Power of Attorney is being created for the purpose of refinancing the property located at:

Street Addr. St. 1429 N. WELLS STREET #602 City CHICAGO, IL 60610

M-902-116

(The above can be deleted it rist estate not subject to the Power of Attorney.)

(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 DO PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOE! NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, WILL AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM A.T. XIEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS A AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR ACENT IF IT FINDS THE AGENT NOT ACTING PROPERLY. YOU MAY NAME SUCCESSORAGENTS UNDER THIS FORM BUT NOT AS CO-AGNETS. UNLESS YOU EXPRESSLY LIMIT THE DUR/ (10 N OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER UR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR 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 "STARUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERITY LAW" OF WHICK THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT I AW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT T'IS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this day of (same day as Effective Date) (ជាលាក្យ។) / (year)

I. FREDERICK LIEDER

(insert name and address of Principal (person needing the POA))

hereby appoint: JANET A. JASMER

(insert name and address of Agent (person who will be signing on behalf of Principal))

as my attorney-in-fact (my "agent") to act for me in my manic (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 the specific powers inscreed in paragraph 2 or 3 below:

## **UNOFFICIAL COPY**

(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
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Taugible personal property transactions.
- (e) Safe deposit box transactions.
- (f) lasurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (i) Claims and litigation.
- (a) Commodity and option transactions.
- (l) Business transactions.
- (m) Porrowing transactions.
- (n) Pare gransactions.
- (o) All close property powers and transactions.

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

The powers granted above shall not include the following powers or shall be modified or limited in the
following particulars (here you may include any specific limitations you deem appropriate, such as a

Not Applicable	T
TIBETTIMATORIAL	
To analysis on the arm	ones against all a se I word of the set the following a series (horse series many old ages
other delegable pow	vers granted above, I grant my agent the following powers (here you may add any ers including, without limitation, power in make gifts, exercise powers of change beneficiaries or joint termas or revoke or amend any must specifically

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

4. 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.

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

 My agent shall be entitled to reasonable compensation for services rendered as agent under this power of autorney. , **t** ,

## **UNOFFICIAL COPY**

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT OR REVOKATION, 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 INITIALIZING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

	N ON THE BEGINNING DATE OR DURATION IS MAI THE FOLLOWING:)	E BY INITIALIZING AND COMPLETING EITHER (OR	
6.	(XX) This power of attorney shall become effective	on	
	FEBRUARY 1, 2003 ure date or event during your lifetime, such as court st take effect)	determination of your disability, when you want this	
7.	CX) This power of attorney shall terminate on		
	ATRI: 1, 2003		
(insert a date your death)	e or event, such as a court determination of your disa	bility, when you want this power to terminate prior to	
	SH TO NAME SUCCESSOR AGENTS, INSERT THE NA LOWING PARAGRAPI()	AME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S)	
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 ac alone and successively, in the order named) as successor(s) to such agent:		
	Not Applicable		
business mat YOUR ESTA REQUIRED T THE COURT	atters, as cortified by a licensed physician. (IF YOU ATE, IN THE EVENT A COURT DECIDED THAT ONE TO, DO SO BY RETAINING THE FOLLOWING PARAGE	Table to give prompt and intelligent consideration to WISH TO NAME YOUR AGENT AS GUARDIAN OF SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT RAFF. THE COURT WILL APPOINT YOUR AGENT IF OUR BEST INTERESTS AND WELFARE, STRIKE OUT GUARLIAN.)	
9.	If a 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.		
	powers to my agent.  Signed: XX Treel	form and understand the July import of this grant of Leader Treatment Leader Lincipal)	
SPECIMEN S	, but are not required to, request your signatures in this power of attorney, you fures of the agents.)	AGENT AND SUCCESSOR AGENTS TO PROVIDE MUST COMPLETE THE CERTIFICATION OPPOSITE	
Specimen sig	- •	rtify that the signatures of my agent d successors are correct)	
XX	eni) XX	(principal)	
xx	XX		
(suc	ccessor agent)	(principal)	

Amess: Signature Witness: Printed Name (THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTORIZED, USING THE FORM BELOW.) State of Illinois ) ss. County of I, the undersigned a Notary Public in and for the said County in the State of aforesaid, Do Hereby Certify that tred Lieder personally known to me to be the same person whose name is subscribed as Principal to the fire joing Power of Attorney, appeared before me, and the additional witness, this day in person, and acknowledged signing and delivering the instrument as the free and votintary act of the principal, for the uses and purposes therein set for a: 02/11/03 Dated: Notary Signature Cummisio SEAL PPICIAL DAVID JASMER NOTARY PUBLIC, STATE OF ILLINOIS thought Conto (Space for Notary Seal above) Prepared by and when Recorded mail to: Name: Touch A Jasmer Street Address: 1429 No. Wells St City, St. Zip: On Cago I 6000





## LEGAL DESCRIPTION

Parcel 1: Unit 602 and and Parking Space G-5 together with its undivided percentage interest in the common elements in 1429 North Wells Condominium, as delineated and defined in the Declaration recorded as document number 0010264604, in the Northeast 1/4 of Section 4, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel 2: Easements for the Benefit of Parcel 1 over and upon the North 4.5 feet of the South 1/2 of lot 13 (except the east 6 inches thereof) in assessor's division of lots 92, 93, 94, 99, 100, 101, 102 and parts of lots 95, 96, 97 and 100 in Bronson's addition to Chicago in sections 4, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois for the purpose of ingress and egress as created by easement agreement recorded June 6, 1979 as po.
751 file.
Unumber .

Columns Clarks Office. document number 24990751 filed June 6, 1979 as document number LR3095867 and amended by agreement recorded July 15, 199 as document number 99679305.