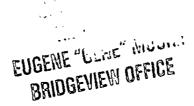
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2003-04-08 09:18:01

Cook County Recorder

28.50





490375

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 NO 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, Mary Louis 2 Day of 5462. 5. Ingleside Are. Chicago, IL 60615 the undersigned Grantor, do hereby make and grant a general power of attorney of Sally Rogers Hughes

406 W. 19th St. Chicago, 1L 60608

and 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 my of could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by (a) and 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.)

[MLD]	(A)	Real estate transactions
[MLD]	(B)	Tangible personal property transactions
[]	(C)	Bond, share and commodity transactions
[MLO]	(D)	Banking transactions
[MLO]	(E)	Business operating transactions

Insurance transactions

Gifts to charities and individuals other than Attorney in Fact/Agent

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

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[] (H) •Claims and litigation [] (I) Rersonal relationships and affairs [] (J) Benefits from military-service
(K) Records, reports and statements (L) Full and unqualified authority to my attorney in fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney in fact/agent shall select
 (M) Access to safe deposit box(es) (N) To authorize medical and surgical procedures (Pennsylvania only) (O) All other matters Durable Provision:
(P) If the blank space in the block to the left is initiated by the Grantor, this power of attorney shall not be affected by the subsequent disability or incompetence of the Grantor.
Other Terms: THIS AUTHORITY PERTAINS TO REfinance of the property of 1819 S. PLORIA, CHICARD AND NOTHING-ELSE, IT REMAINS IN EFFECT ONLY THROUGH THE CLOSING-ON AUGUST 27, 2002
IN EFFECT ON THROUGH THE CLOSING ON AUG-UST 27, ZOOZ
My attorney-in-fac /agent hereby accepts this appointment subject to its terms and agrees to act and perform in said Educiary capacity consistent with my best interests as he/she in his/her best
discretion deems advisable, and I affirm and ratify all acts so undertaken.
TO INDUCE ANY THIRLY PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD
PARTY RECEIVING A DULY EYECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE
INEFFECTIVE AS TO SUCH TAURD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR
KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL
REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS
ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE
AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.
Signed under seal this 23 RO day of AUG-057 , 20 07.
Signed in the presence of:
John O. Himmelfait
Witness (Shrip and P. Bhal) Granton
Witness Attorney-in-Fact/Agant Attorney-in-Fact/Agant
State of Ollenges County of Cook
County of Cook On 26th aug 2002 before me, John Hemmelford & Mary Louise 175 ppeared, 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 Lorge Cleanay Affiant Known Produced ID
Type of ID flodo
(Seal) NOTARY GEORGENE STEINMEYER Page 2 Page 2
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TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000490375 OC

STREET ADDRESS: 1819 S PEORIA ST

CITY: CHICAGO COUNTY: COOK COUNTY

TAX NUMBER: 17-20-416-008-0000

LEGAL DESCRIPTION:

LOT 31 IN WALSH'S SUBDIVISION OF BLOCK 4 IN WALSH AND MCMULLENS SUBDIVISION OF THE SOUTH 3/4 OF THE SOUTH EAST 1/4 OF SECTION 20, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE TATLO PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

LEGALD