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00344836

3332/0003 no n01 Page 1 of 3 **2000-05-15** 11:49:46 Cook County Recorder 25.50



H38922

A240-10 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 POLVER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGE!!!") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE FOWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSON'L 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. PITTH TOMICH... of 1712 W. PIERCE ST. CHILAGO, IL 60(22 as Grantor, do hereby make and grant a limited and specific power of attorney to SETH SILV(IR) of 1712 W. PIERCE ST. CHILAGO 1 6062 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, anyth full power of substitution and revocation in the presence: (Describe specific authority)

# SIGNING ANY AND ALL CLOSING ACCUMENTS FOR THE PURCHASE OF 2853 N. CLYBOURN AVE. CHLAGGIL 60657

The authority granted shall include such incidental acts as are reasonably required or necess... in 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 I the eupor 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 future and responsibilities enumerated herein.

#### 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:



◆ E-Z Legal Forms. Before you use this form, read it, fill in all blanks, and make whatever changes are necessary to your particular transportion. Consult a lawyer if you doubt the form's fitness for your purpose, and use, is Z Legal Forms and the retailer make no representation or warranty, express or implied, with respect to the merchantability of this form for an attended use or purpose.

Rev. 6986.

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Signed upder seal- Signed in the pres	
	X Philip Vamid
Witness	Grantor
Witness	Attorney in fact
Witness	
Witness	00344836 <sub>Page 2 of</sub>
state of	· }
County of Co	4.00 before me. SETH SILVERMAN & PHILIP TOMICH
appeared 8 o	to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)
je/are subscribed	to the within instrument and acknowledged to me that he/sho/they executed the same in riz (Lapacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the
entity upon behalf	of nich the person(s) acted. Executed the instrument.
WITNESS my ha	multiplicity scal
Signature	WII VII FILE
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State of	3COTT WI. STEGEL &
County of	Notary Public — State of Illinois
On	before me, My Commission Expires May 21 2003
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 orized capacity(ies), and that by his/her/their sign time(s) on the instrument the person(s), or the
nis/ner/meir autho	f of which the person(s) acted, executed the instaurner'.
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## PRELIMINARY ALBERT XIQUES

AUTHORIZED AGENT FOR

UNITED GENERAL TITLE INSURANCE COMPANY

## **ALTA Commitment** Schedule C

File Number: H38922

## Legal Description:

LOT 30 IN CATHERINE WECKLER'S SUBDIVISION OF THE SOUTH 1/2 OF OUTLOT 13 NORTHEAST OF C), YBOURN AVENUE IN SUBDIVISION OF SUPERIOR COURT PARTITION OF OUTLOT 13 OF S'NO! ESTATE SUBDIVISION IN SECTION 30, TOWNSHIP 40 NORTH, RANGE PRINTOCOLY CONTINUE C 14, EAST OF THE CHURD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.