# **UNOFFICIAL COP**

TMT02-1660 POWER OF ATTORNEY FOR PROPERTY Eugene "Gene" Moore Fee: \$62,00 Maure THE

Date: 05/16/2003 09:17 AM Pg: 1 of 6

(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, YOUR 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. 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, 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 "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" (SEE THE FINAL FOUR PAGES OF THIS FORM). 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 17 day of March , 1999.

1. I, Anna Kolakowski, of 1001 North Artifiction Heights Road, Arlington Heights. Illinois 60004, hereby appoint: Sophie Bartczyszyn of 605 Flmhurst Avenue, Mr. Prospect. Illinois, or the survivor of her, as my attorney-in-fact (my "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 F operty Law" (including all amendments), but subject to any limitations on or additions to 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.
- Financial institution transactions. (b)
- Stock and bond transactions. (c)

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Tangible personal property transactions.

(d)

	(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.
	Ű	Commodity and option transactions.
	(1)	Pasiness operations.
	(m)	Borrowing transactions.
	(n)	Estate transactions.
	(o)	All other property powers and transactions.
	IN T	N AND ADDITIONS TO THE AGENT'S POWERS MAY BE HIS POWER OF ATTOKNEY IF THEY ARE SPECIFICALLY W.)
you deem app	mited is ropriate	owers granted above shall not include the following powers or shall be not the following particulars (here you may include any specific limitations e, such as a prohibition or conditions on the sale of particular stock or real on borrowing by the agent):
gifts, exercise	y add a powers	ition to the powers granted above, I grant my agent the following powers my other delegable powers including, without limitation, power to make s of appointment, name or change beneficiaries or joint tenants or revoke ecifically referred to below):
	t - 10 a Madded fra con-	······································

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(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 DELEGATE 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) pamed 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 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. ASSENT 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 the date hereof

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

7. (X) This power of attorney shall terminate on June 30, 2003

(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death).

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

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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:

Christine Murphy

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(S) 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(S) 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(S) TO ACT AS GUARDIAN.)

- 9. If a guardian of my estate (my property) is to be appointed, I nominate the agent(s) acting under this power of attorney to serve as such guardian(s) 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 Muy to lake of

(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)

I certify that the signatures of my agent (and successors) are correct.

Sophie Bartczyszyn (

(agent)

Anna Kolakowski

(principal)

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MARINE TITLE CORP.

Commitment Number: MT02-1660

#### SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

UNIT 2-A-6 IN CENTRAL VILLAGE CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: LOT 13 IN CENTRAL VILLAGE, BEING A SUBDIVISION OF PART OF THE NORTHEAST 1/4 OF SECTION 11, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "E" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 23867157 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

EST C.

OF COOP COUNTY CLOTH'S OFFICE COMMONLY KNOWN AS: 707 . VEST CENTRAL, UNIT A6, MT. PROSPECT, IL 60056

PIN: 08-11-200-032-1173

**ALTA Commitment** Schedule C

(MT02-1660.PFD/MT02-1660/17)

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State of Illinois, County of Cook SS.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, do hereby certify that how see State aforesaid,
do hereby certify that Anna KONKOWSKI
Personally known to me to be the same person whose name(s) are subscribed to the
foregoing instrument appeared before me this day in person, and acknowledged that
signed and delivered the said instrument as free and voluntary act for the
uses and purposes therein set forth.
Given under my hand and official seal, this 19 day of Ward, 1999.

Commission Expires

"OFFICIAL SEA!DENISE C. KRUTZL ER
Notary Public, State of Illinoir,
My Commission Expires 7/18/2003

Der Grande

Office