



0314329117

Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 05/23/2003 10:01 AM Pg: 1 of 3

811 2376 2 3044

LF240-04  
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 POWER OF ATTORNEY IS TO 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, **JOSEPH N POLAND**,  
of **6557 N OLIPHANT AVENUE, CHICAGO, IL 60631**,  
as Grantor, do hereby make and grant a limited and specific power of attorney to  
**ANNE E POLAND**,  
of **6557 N OLIPHANT AVENUE, CHICAGO, IL 60631**  
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; all with full power of substitution and revocation in the presence: (Describe specific authority)  
SELL OR CONVEY ANY INTEREST OF MINE IN REAL ESTATE (WHETHER CURRENTLY OWNED OR LATER ACQUIRED)  
MORTGAGE OR ENCUMBER ANY INTEREST OF MINE IN REAL ESTATE (WHETHER CURRENTLY OWNED OR LATER ACQUIRED)

The authority granted shall include such incidental acts as are reasonably required or necessary to 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 thereupon 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 duties and responsibilities enumerated herein.

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BOX 333-CT

# UNOFFICIAL COPY



## CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1409 008112376 EL  
STREET ADDRESS: 6557 N. OLIPHANT AVENUE  
CITY: CHICAGO COUNTY: COOK  
TAX NUMBER: 09-36-324-001-0000

**LEGAL DESCRIPTION:**

LOT 6 IN BLOCK 4 IN COLLINS AND GAUNTLETT'S EDISON PARK HIGHLANDS, BEING A SUBDIVISION OF PART OF BLOCK 12 IN THE TOWN OF CANFIELD, IN THE EAST 1/2 OF THE SOUTHWEST 1/4 AND THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 36, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

**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:**

This Power Of Attorney form is valid for the property located at 6557 N Olphant Avenue, Chicago, IL 60631 and expires on April 30, 2003. See attached legal description rider.

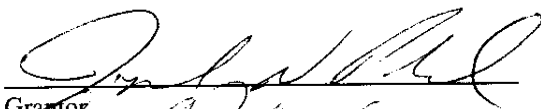

Signed under seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Signed in the presence of:

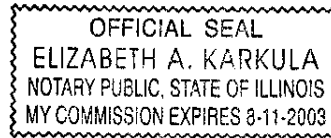
\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Grantor  
  
\_\_\_\_\_  
Attorney-in-Fact



State of \_\_\_\_\_ }  
County of \_\_\_\_\_ }  
On \_\_\_\_\_ before me,

JOSEPH N POLAND

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 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 \_\_\_\_\_

Affiant  Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_ (Seal)

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ }  
On \_\_\_\_\_ before me,

ANNE E POLAND

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 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 \_\_\_\_\_

Affiant  Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID \_\_\_\_\_ (Seal)

