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

LF240-04 R240-04

LIMITED POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS 13 AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SECULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD FOWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDCE, 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, INCAPACITACED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANY THING 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,

JOSEPUN POLAND

6557 N OLIPHANT AVENUE, CHICAGO, IL 60/31

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 fire 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 AOUIRED)

MORTGAGE OR ENCUMBER ANY INTEREST OF MINE IN REAL ESTATE (WHETHER CURRENTLY OWNED OR LATER AQUIRED)

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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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 THE W. MAST OF 1. SUBDIVISION OF FART 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, LAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

LEGALD

TP1

02/26/03

0314329117 Page: 3 of 3

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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.

	1 - E		, 20 .
Signed under seal this	day of		, 20 .
Signed in the presence of:			
C)			In I WILL
Witness		Granto	
Withos		die	ne Colard
Witness	Ox	Attorne	ey-in-Fact
Witness			
Withesa			
Witness			OFFICIAL SEAL
	4		ELIZABETH A. KARKULA
			NOTARY PUBLIC, STATE OF ILLINOIS
State of	١	C	MY COMMISSION EXPIRES 8-11-2003
County of	}	0,	***************************************
On	before me,		,
appeared	JOS	SEPH N POLA	
personally known to me (or pr	oved to me on the b	asis of satisfa	ctury evidence) to be the person(s) whose
name(s) is/are subscribed to the	e within instrument	and acknowle	eaged to me that he/she/they executed the
same in his/her/their authorize	ed canacity(ies), and	that by his/h	er/the r signature(s) on the instrument the
person(s), or the entity upon b	ehalf of which the p	erson(s) acted	I, executed the instrument.
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State of	_		
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On	before me,		CV .
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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			
name(s) is/are subscribed to the	ed conscituties) and	that by his/h	er/their signature(s) on the instrument the
person(s), or the entity upon b	sahalf of which the r	person(s) acted	d executed the instrument.
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OFFICIAL SEAL	311.6	Page 2	
ELIZABETH A. KARK			
NOTARY PUBLIC: STATE OF IL MY COMMISSION EXPIRES 3:1		undefined	
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