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Greater Illinois Title Co. 120 N. LaSalle Street Chicago, IL 60602 0320547186

Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds Date: 07/24/2003 11:54 AM Pg: 1 of 3

GIT File #:

4321619(1/3)

RECORDING COVER SHEET

NT:
Special Power of Afforney

TYPE OF DOCUMENT:

0320547186 Page: 2 of 3

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SPECIAL POWER OF ATTORNEY

617-432/619 1003

I, John T. Sharkey, residing at 4630 Woodland Ave., Western Springs, Illinois 60558, hereby appoint Maribeth O. Sharkey of 4630 Woodland Ave., Western Springs, Illinois 60558, as my Attorney-in-Fact ("Agent").

My Agent shall have full power and authority to act on my behalf but only to the extent permitted by this Special Power of Attorney. My Agent's powers shall include the power to:

1. Mortgage or encumber any interest of mine in real estate that is used by me as a personal residence and is located at:

4630 Woodlard Ave. Western Springs, Illinois

and legally described on the attached Exhibit. The mortgage amount shall not exceed \$389,000.00.

This power shall include the power to (i) mortgage or encumber on such terms as my Agent shall deem appropriate, subject to the limitations (if any) stated above, (ii) sign any documents (including a mortgage or deed of trust), and (iii) take any other action that may be required to effect such mortgage or encumbrance.

I hereby grant to my Agent the full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above power, as fully as I could do if personally present and acting.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing; (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall not be entitled to any compensation, during my lifetime or upon my death, for any services provided as my Agent. My Agent shall not be entitled to reimbursement of expenses incurred in connection with this Power of Attorney.

Initials:

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My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until July 30, 2003. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated	, 1/ 5003 , at Western Springs, Illinois.	
	1 TOAL 1	
John T. Sh	12rkey	
John P. Sh	Oxf	
STATE OF	FILLINOIS, COUNTY OF COOK, ss:	
This instru	ument was acknowledged before me on this 14 day of July,	18
303 by J	John T. Sharkey.	P
-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Christia C. Maurer	
	Notary Public	
	Title (and Rank)	
	My commission expires 7.28-05	
This docun	ment was prepared by:	
Name:	John T. Sharkey	
Address:	4630 Woodland Ave.	
	Western Springs, Illinois 60558 OFFICIAL SEAL CHRISTINA T. MAURER	
	NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 7-28-2005	

Initials: