Doc#: 0326226137

Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds

Date: 09/19/2003 11:32 AM Pg: 1 of 2

Durable Power of Attorney

I (WE MIRASOL D. VILLAFLOR OF 1538 S. KASPAR AVE. ARLINGTON HTS. IL GOODS
do make, constitute and appoint RIPERT F. VILLAFLOR of 1538 S. KASPAR AVE. ARLINGTON HTS. IL 60005
my (our) true and lawful attorney, to est in, manage, and conduct all my (our) estate and all my (our) affairs, in my (our) name, place
and stead as tray (our) act and deed, either to do end execute, or to concur with persons jointly interested with me (us) in the doing or
executing of all or any of the following acts, deads, and things:
To borrow money on such terms as my (our) attorney may choose.
To purchase, sell, lease, convey, assign, pictic, hypothecate, mortgage and warrant, or otherwise deal with any or all real or
personal property in which I (we) may have an interest, it such nurooses and mon such form as my (our) attorney.
may choose, including, but not limited to, property located in as VILLAGE DE SCHAUMBURG
COOK County, State of TLLINOIS , described as:

Commonly known as: 1480 WYNDHOM COVE LANE SOLAUHBURG IL 60173

Tax Identification Number: 07-24-307-010-0000 including all lands and interests therein contiguous or appurtenant to land owned or claimed by me (us), whether or not specifically described above.

To make, execute, acknowledge and deliver under seal or otherwise any contact, agreement, bond, note, mortgage, deed of trust, deed, assignment, pledge, security agreement, power, guaranty, application for creat, application for insurance, statement, tax form, affidavit, disclosure, consent, amendment, election, vote, waiver, escrow agreement endorsement, certification, promise, receipt, acknowledgment, instruction, order form, commitment, accounting, notification, letter, vider, addendum, authorization, appointment, power of attorney, stipulation, disclaimer, accord and satisfaction, settlement statement agreement, closing statement, closing instruction, disbursement authorization, listing agreement, subordination agreement, release discharge, questionnaire, proprietary certificate, request, document, form required by any federal, state or local law, equation or ordinance, or other instruments which said attorney may deem necessary;

To make, draw, sign, endorse, accept or otherwise place my (our) name or signature upon any checks, notes, drafts or other instruments:

And to receive and collect and to give acquittances for all sums of money at any time due me (us).

Giving and Granting unto my (our) named attorney full power and authority to do and perform all and every act, deed, matter and thing whatsoever, in and about my (our) estate, property, and affairs as fully and effectually to all intents and purposes as I (we) might or could do in my (our) own proper person if personally present, the above specifically enumerated powers begin in aid and exemplification of the full, complete, and general power herein granted and not in limitation or definition thereof; and bereby ratifying all that my (our) said attorney shall lawfully do or cause to be done by virtue of this document.

And I (we) hereby declare that any act or thing lawfully done hereunder by my (our) said attorney, whether done before or

0326226137 Page: 2 of 2

UNOFFICIAL COPY

after the date this document is signed and delivered by me (us), shall be binding on me (us) and my (our) heirs, conservators, guardians, trustees, legal and personal representative, and assigns, whether at the same shall have been done before or after my (our) death, other revocations of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my (our) said attorney.

This appointment being executed by me (us) shall cover my (our) jointly and severally owned property, property owned by me (us) in the entireties of as community property, and property owned by a trustee for my (our) benefit.

This power of attorne (2) all expire and ten	minate on AUGUST 31 ,2003.
Ins power of attorney shall not be affected in Witness Whereof, I (we) have set my (o	d by my disability (or the disability of either or both of us). our) hand and scal this 30 TH day
JULY Ox	,2003
Witnesses: Par ST. RAT	V Signers Muracol D. Villaglov
STATE OF	, (
County of) ss. O
The forgoing instrument was acknowledged before me	ethis 30th topof July, 2003, b
S"OFFICIAL SEAL"	Notary Public Prister Paweik
CHRISTINE J. PAWLIK NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 9/2/2004	State of Selevies
	County of
	My Commission Expires: $\frac{9}{2}/2004$
This instrument drafted by: Bank One, N.A. P.O. Box 7700 Indianapolis, IN 46277	When recorded return to:
(Blank lines completed by:	
)	
Please Type	