



Doc#: 0326742008
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 09/24/2003 07:23 AM Pg: 1 of 3

603

8155872 J

AP 23124419 A

C.T.C.

LF240-04
R240-04

LIMITED POWER OF ATTORNEY

(With Durable Provision)

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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)
Execute all activities associated with the mortgage refinance of our jointly owned property located at 6557 N Oliphant Avenue, Chicago, IL 60631, including signing of all documents at closing and arranging necessary banking transactions.

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.

BOX 333-07

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 shall expire at the successful execution of the aforementioned refinance closing, currently scheduled for August 4th, 2003, or shall expire on August 25th, 2003

Signed under seal this 31st day of July, 20 03 .
Signed in the presence of:

Witness

Witness

Witness

Witness

Grantor

Attorney-in-Fact

State of ILLINOIS
County of Cook }
On _____ before me,
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 [Handwritten Signature]

Affiant Known Produced ID
Type of ID driver license
(Seal)

State of _____
County of _____ }
On _____ before me,
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)

UNOFFICIAL COPY

STREET ADDRESS: 6557 N. OLIPHANT AVE

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 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