

Doc#: 0329342067

Eugene "Gene" Moore Fee: \$66.00 Cook County Recorder of Deeds

ILLINOIS STATUTORY SHORT FORM Date: 10/20/2003 08:21 AM Pg: 1 of 7 POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON 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. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY TELE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS.

UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3 - 4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.)

POWER OF ATTORNEY made this 21st day of July (month) 2003 (year). I, ERIC C. DSHUMASON (insert name and address of principal) hereby appoint. (ir.ser, name and EVAN CO DSHUNDSON address of agent) as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section - of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph or below:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

(a) Real estate transactions.

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(b) Einancial institution trausactions.
(c) Stock and bond transactions.
(d) Tangible personal property transactions.
(e) Safe deposit box transactions.
(f) Insurance and annuity transactions.
(g) Retirement plan transactions.
(h) Social Security employment and military service benefits.
(i) Tax matters.
(j) Claims and stigation
(k) Commodity and option transactions.
(I) Business exerations.
(m) Borrowing consactions.
(n) Estate transactions.
(o) All other property powers and transactions.
(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IT THEY ARE SPECIFICALLY DESCRIBED BELOW.)
IN THIS POWER OF ATTORNS ATTENDED FOR THE PROPERTY OF ATTORNS
The powers granted above shall not include the following powers or shall be modified or
limited in the following particulars fix to you may include any specific himitations you deem
appropriate, such as a prohibition or conditions on the sale of particular stock or real estate
or special rules on borrowing by the agent).
HONE-
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Er addition to the powers granted above, I grant my agent the following powers (here you
El addition to the howers gramed according Florie and affects and appropriate

In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable powers including, without limitation, power to make girls, exercise powers of appointment, name or change beneficiaries or joint tonants or revoke or amend any trust specifically referred to below):

TO EXECUTE ANY MAD DEL DOCUMENTS

NECESSARY TO CONPLETE THE PURCHASE

OF THE PROPERTY LOCATED AT 1461

U. F. LLHERE ST, UNIT A CHICOGO, FL 40607

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU

SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

My agent shall refer titled to ressonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. LESENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGGNOOF DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

800	(A) This power of atterney shall become effective on [Inc.] 21, 2003 (insert a future data)
	or event during your lifetime, such as court determination of your disability, when you want this power to first take effect).
911	This power of attorney shall terminate on SEPTEMBEL 30, 2003 Greet a funue date
LO	or event, such as court determination of your disability, when you want this power to terminate prior to your death)
	(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)
	If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to accelone and successively, in the order named) as successor(s) to such agent:
	For purposes of this paragraph, a
	person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

TARAGRAPH IF TOO DO NOT WANT TOUR AGENT TO ACT AS GUARDIAN.)
If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this
power of attemey as such guardian, to serve without bond or security. I am fully informed as to all the
contents of this form and understand the full import of this grant of powers to my agent.
Signed Cen (Cut
(principal) ERCO C. DSHUNDSON
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR
AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE
SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE
THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)
Specimen signatures of I centify that the signatures of my agent
agent (and successors) (and successors) are correct.
(agent) / (principal)
(successor agent) (principal)
(successor agent) (principal)
C/
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS (P.18 NOTARIZED
AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM
BELOW.)
DELOW.)
State of)
State of See attached Acknowledgement
County of
County of
The undersigned, a notary public in and for the above county and state, certifies that
known to me to be the same person whose name is subscribed as
principal to the foregoing power of attorney, appeared before me and the additional witness in
person and acknowledged signing and delivering the instrument as the free and voluntary act of the
principal, for the uses and purposes therein set forth (, and certified to the concerness of the
signature(s) of the agent(s)), Dated: (SEAL)
ALL STATE OF THE PROPERTY OF T

State of Ca County of - 21,700 Before me Church Waymire, Mo personally appeared \square Personally known to me <u>OR</u> 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/size/hely 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 ir strument. Witness my hand and official seal. OFFICIAL SEAL CHRISTI WAYMIRE **OPTIONAL** The data below is not required by law, however it may prove valuable to persons relying on the document and could prevent fraudulent reattick ment of this form. DESCRIPTION OF ATTACHED DOCUMENT SIGNATURE AUTHORITY OF SIGNER: INDIVIDUAL CORPORATE OFFICER(S) TITLE OR TYPE OF DOCUMENT ☐ PARTNER ☐ LIMITED ☐ GENERAL

DATE OF DOCUMENT

SIGNER(S) OTHER THAN NAMED ABOVE:

☐ ATTORNEY-IN-FACT

☐ GUARDIAN/CONSERVATOR

NAME(S) OF PERSON(S) OR ENTITY(IES) SIGNER IS REPRESENTING:

☐ Trustee(s)

OTHER:

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- Notary Public

The undersigned witness certifies that CICL Symbols known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

Outed: 7/21/03 (SEAL)
Witness

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF 1/1E AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL ESTATE.)

This document was prepared by:

ERIC (E'SMANTS 8N)

215 & Rooms Point Why

SAN HORRES (30 92 Eleq

(700) 433-28000

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STREET ADDRESS. 1401 W FILLMORE UNIT 1

CITY: CHICAGO COUNTY: COOK

TAX NUMBER: 17-17-128-058-1001

LEGAL DESCRIPTION:

PARCEL 1: UNIT 1 IN THE 1401 WEST FILLMORE STREET CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIPED REAL ESTATE:

LOT 41 IN STINSON'S SUBDIVISION OF BLOCK 48 OF CANAL TRUSTEE'S SUBDIVISION BEING A SUBDIVISION OF THE WEST 1/2 AND THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 39 NORTH, RANGE 14, EAS: OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

WHICH SURVEY IS ATTACHED AS EXHIBIT TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0010320557, AND AS AMENDED, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS.

PARCEL 2: THE EXCLUSIVE RIGHT TO THE USE OF 1-1, AND S-1, LIMITED COMMON ELEMENTS, AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT NUMBER 0010320557.