



Doc#: 0330844129 Eugene "Gene" Moore Fee: \$28.50 Cook County Recorder of Deeds Date: 11/04/2003 03:48 PM Pg: 1 of 3

LF240-04 R240-04

### LIMITED POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTERNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS 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, 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.

of 1120 Burch Ave. Durham, N.C. 2770' as Grantor, do hereby make and grant a limited and specific power of utomey to Barry Thomas Portee Sr. of 6146 So Michigan Ave. Chicago, IL. 60637 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) To Rent, 2 23e, or Sell Property Located At 12243 So. Lafayette Ave.

Chicago IL. 60628

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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This product does not constitute the rendering of legal advice or services. This product is intended for informational use only and is not a substitute for legal advice. State laws vary, so consult an attorney on all legal matters. This product was not necessarily prepared by a person licensed to practice law in your state.

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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:

nt.	
Signed under seal this 21st day of mark	ch, 2003.
Signed in the presence of:	, <b>V</b> .
Same De Jorteo	$\Omega \sim \Omega \sim \Omega$
Some colle	Monda M Clam
Withers	Grantor
William William	
Witness	Attorney-in-Fact
Witness	
Witness	
Witness	
State of NC	
County of o Charles	
On March 15,2003 before me, Kasheri	re C Kay
appeared Ronald McClain	(1) x
personally known to me (or proved to me on the basis	of satisfictory 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	n(s) acted, executed the instrument.
WITNESS my hand and official seal.	<del></del>
signature Afothor of 160	0,0
Signature 1 Can	
	Affiant Known Produced ID
	Type of ID 12 101 12 145 - 1703 - 6 76 8 9/20/05
State of	(Seal) (Seal)
County of }	
On before me,	
appeared seriore me,	,
personally known to me (or proved to me on the basis of	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	n(s) acted, executed the instrument
WITNESS my hand and official seal.	
Signature	
	AffiantKnownProduced ID
	Type of ID
	(Seal)

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## **UNOFFICIAL COPY**

LOT 35 IN BRITIGAN'S STEWART RIDGE ADDITION, BEING A SUBDIVISION OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 28, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

25-28-231-012

Prefared by BARBARA A JENKINS

1120 BURCH

DURHAM NIC.

27701

Mail 70: Bary Portee

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Chicago, 72 Coolos 7

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