UNOFFICIAL COPY

Doc#: 0406440022

Eugene "Gene" Moore Fee: \$62.00 Cook County Recorder of Deeds

Date: 03/04/2004 09:06 AM Pg: 1 of 6

RTC26605 265

POWER OF ATTORNEY made this 22 day of Johnson, 2000.

Hereby appoint Meels Mee

(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.
- (b) Financial institution transactions.
- (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 & military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (1) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.
- (p)

0406440022 Page: 2 of 6

UNOFFICIAL COPY

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)

| 000 | or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale particular stock or |
|-----|--|
| | real estate or special rules on borrowing by the agent): |
| | N/A |
| | $O_{\mathcal{F}}$ |
| | |
| | |
| ř | |
| 3. | In addition to the powers granted above I grant my agent the following powers (he e you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint towards or reveals or covered as the trust grant factors. |
| , | tenants or revoke or amend 20% trust specifically referred to |
| | below): |
| | N/A |
| | |
| | |
| | |

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERS ON! AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GKANTED 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.)

4. 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.

UNOFFICIAL COPY

(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 be entitled to reasonable 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. ABSENT 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 BECOMING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER [OR BOTH] OF THE FOLLOWING:)

- 6. [X] This Power of Attorney shall become effective on February 24 2004. (Insert a future date or event during your lifetime, such as court determination of your disability, when you want this power to first take effect.)
- 7. [X] This Power of Attorney shall terminate on where he is a 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.)

| 8. | If any agent named by me shall die, become incompetent, 165.91 |
|----|--|
| · | or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as |
| | successor(s) to such agent: |
| | N/A |
| | |
| | |

For purposes of this Paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disables person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

0406440022 Page: 4 of 6

UNOFFICIAL COPY

(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 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

- 9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this *power of attorney* as such guardian, to serve without bond or security.
- I am fully informed as to all the contents of the form and understand the full import of this grant of powers to my agent.

 Signed (principal)

UNOFFICIAL COPY

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS.)

STATE OF Dlinais)
COUNTY OF COOK)

The undersigned, a notary public in and for the above county and state, certifies that house Morgan 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 a knowledged 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 correctness of the signature(s) of the agent(s)).

Dated: 2/25/04

OFFICIAL SEAL
JOYCE MARIE LOGAN
NOTARY MUBLIC, STATE OF ILLINOIS
NY COMMUNICATION OF THE STREET OF T

Notary Public

aux .4, 2005

The undersigned witness certifies that 2000 Moving known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before are 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.

Dated: 225/04 (SOFFICIAL SEAL JOYCE MARIE LOGANI NESS

(The name and address of the person preparing this form should be inserted if the agent will have power to convey any interest in real estate.)

Muil to:
THIS DOCUMENT WAS PREPARED BY:
Brill MOY OWN
1918 W. Phensant Trail
Liverian IC 60067

0406440022 Page: 6 of 6

County Clark's Office



UNOFFICIAL COPY

Republic Title As An Agent For Commonwealth Land Title Insurance Company

ALTA Commitment Schedule A1

File No.: RTC26605

Property Address:

1918 PHEASANT TRAIL,

INVERNESS IL 60067

Legal Description:

LOT 42 IN TEMPLE WOODS OF INVERNESS, BEING A SUBDIVISION OF PARTS OF SECTIONS 20 AND 21, ALL IN TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 16, 1959 AS DOCUMENT NUMBER 1757024(, IN COOK COUNTY, ILLINOIS.

Permanent Index No.:

02-20-200-023