



Doc#: 0406533167
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 03/05/2004 01:05 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 ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO MORTGAGE, 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, Angela Matthews
of 1405 Douglas, Flossmoor, IL 60422
as Grantor, do hereby make and grant a limited and specific power of attorney to

Kevin McNeal
of 4507 S. Lake Park Unit 15 Chgo, IL 60633
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)

I authorize Kevin MacNeal sole power to perform all duties necessary to complete real estate closing for property commonly known as 6406 S. Wolcott, Chgo, IL 60636

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.

IMPORTANT NOTE: This form is not valid for delegating personal financial and or property matters in the state of Maine. To obtain the correct form, call 1-800-822-4566 or visit www.MadeE-Z.com and click "access bonus forms" for a free downloadable form.

Box 333

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1/3
MCM
10875
SA 32802

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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:

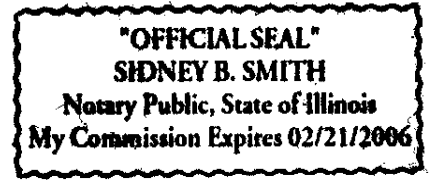
Signed under seal this 28 day of JANUARY, 2004
 Signed in the presence of:
Kristina Jones
 Witness

 Witness

 Witness

 Witness

Angela Matthews
 Grantor
Kevin McKeel
 Attorney-in-Fact



State of _____
 County of _____ }
 On January 28, 2004 before me,
 appeared ANGELA MATTHEWS

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 Sidney B. Smith

Affiant Known Produced ID
 Type of ID IL DR. Lic (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)

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STREET ADDRESS: 6406 S. WOLCOTT AVE

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER: 20-19-209-023-0000

LEGAL DESCRIPTION:

LOT 3 IN VAILS SUBDIVISION OF BLOCK 26 IN SOUTH LYNNE, A SUBDIVISION OF THE NORTH 1/2 OF SECTION 19 TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office