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Doc#; 0410749165

Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds Date: 04/16/2004 12:10 PM Pg: 1 of 3

LF205-04 R205-04

GENERAL POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCU-MENT, 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 PLEUGE, 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, Betty Perkins So. Holland, IL 60473 of 17024 S. Cregier Ave, the undersigned Grantor, do hereby make and grant a general power of attorney o

Trena Perkins of 17024 S. Cregier Ave, So. Holland, IL 60473 and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

(A) Real estate transactions

B). Tangible personal property transactions

(C)—Bond, share and commodity transactions

(D)—Banking transactions

(E) Business operating transactions

(F) Insurance transactions

Gifts to charities and individuals other than Attorney-in-Fact/Agent (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)

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Rev. 10/01

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1	1	-(H) Claims and litigation
Ì	j	—(I) Personal relationships and affairs
İ	ĺ	—(J) —Benefits from military service
Ì	ĺ	(K) Records, reports and statements
Ì	j	Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select
Γ	1	(M) Access to safe deposit box(es)
Ì	ĺ	N)—To authorize medical and surgical procedures (Pennsylvania only)
i	ĺ	All other matters
	•	Durable Provision:
1	If the blank space in the block to the left is initialed by the Grantor, this power of a shall not be affected by the subsequent disability or incompetence of the Granton	
		Other Terms:

My attorney-ir-fact/agent hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSFLF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this	Zythday of March	, 2004.
Signed in the presence of:	+	$\mathcal{L}_{2}\mathcal{L}_{3}$
Lyth J. V. Ilians Witness	Grantor	- Tarkert
Cyathia 3 Williams Withess	Attorney-in-Fact/Agent	7,6
State of Fuscida County of Senical	hatara ma @ allil Da akisa (appeared
On 3. 24.04	before me, Betty Perkins	, 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 Jonnie auceleur

Affiant Known Produced ID
Type of ID (Seal)

JAMIE ARTERBURY
Notary Public - State of Florida

My Commission Begins May 30, 2006

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ACAPS #: 104032202542000

ATC FILE #: 0038197

Customer Name: Bobby and Trena M. Perkins

LEGAL DESCRIPTION

LOT 86 IN HUGUELET'S THIRD ADDITION TO SOUTH HOLLAND, BEING A SUBDIVISION OF PART OF LOTS 2 AND 3 IN VOLBRECHT'S SUPOIVISION OF THAT PART OF THE NORTHWEST 1/4 OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING NORTH AND WEST OF THORN CREEK AND OF THAT PART OF THE NORTHEAST 1/4 OF SECTION 26, IN SAID TOWNSHIP, LYING NORTH OF THORN CREEK (EXCEPT THE WEST 881 FEET THEREOF) ACCORDING TO THE PLAT THEREOF RECORDED MAY 24, 775, Office 1895 AS DOCUMENT (223779, IN COOK COUNTY, ILLINOIS.

PIN #: 29-26-208-033