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Doc#: 0414642083
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 05/25/2004 08:30 AM Pg: 1 of 3

Recording Request by/Return to: Merrill Lynch Credit Corporation 4802 Dar Lake Drive East Jacksonville, FL 32246 (904) 218-6(00 Attn: Post Cleang Department

Parcel I.D. Number

Power of Attorney	
I, JAMES P. MURFHY	
have made constituted and address of principal)	-
and appointed and by these ries ints do make constitute and consti	
as my true and lawful attorner for mane and address o ag nt or of each agent)	_
as my true and lawful attorney for me and in my name, place and stead, to execute and deliver a promissory	
note or loan agreement, to secure said note or agreement by executing and delivering a place of a promissory	1

as my true and lawful attorney for me and in my name, place and stead, to execute and deliver a promissory note or loan agreement, to secure said note or agreement by executing and delivering a pledge/security agreement to pledge securities and/or to execute and deliver a Morigage/ Deed of Trust/Deed to Secure Debt/Security Agreement encumbering the following described property ("Property"): (insert or attach full legal description, not street address.)

and to execute and deliver any and all documents necessary and required by the leader in connection with any or all of the above-referenced instruments.

I further grant and give my Attorney-in-Fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers I have expressly granted, with power to do and perform all acts authorized hereby, as fully to all intents and purposes as I might or could do if personally present.

I hereby ratify and confirm all acts whatsoever that my Attorney-in-Fact, as my agent, shall or may do by virtue of this Power of Attorney.

Standard POA Form (04/14/95) POASTFOR 4220850

G.T.I. 1/2 97-18-405 1/2 24051791

BOX 333-CT

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I hereby agree and represent to those persons dealing with my Attorney-in-Fact that this Power of Attorney

will not terminate upon my subsequent disability or incompetence and may be voluntarily revoked only by a written instrument of revocation filed for record in the recording office of the County in which the property is located. IN WITNESS WHEREOF, I have executed this Power of Attorney Witnes Signature: Name: Name: Witness: Name: STATE OF COUNTY OF 11 6004, before me, the undersigned, a Notary Public in and for said state, personally appeared , personally known to me (or proved to me on the basis of satisfactory evide ice in the form of whose name(s) is/are subscribed to the vithin instrument and acknowledged to me that he/she/they) to be the person(s) executed the same in his/her/their authorize i curacity(ies) and that by his/her/their signature(s) on the instrument the person(s) executed the instrumen as his/her/their free act and deed. WITNESS my hand and official seal. My commission expires: (Revise acknowledgement as necessary to meet state law requirements) This instrument was prepared by: CASICIAL SEAL DEBRA COEHRING NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXTERES:01/19/08 (signature) Print name: Address:

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CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1410 008218405 HL

STREET ADDRESS: 8624 DORY LANE

CITY: WILLOW SPRINGS COUNTY: COOK

TAX NUMBER: 18-31-408-004-0000

LEGAL DESCRIPTION:

LOT 4 IN INDIAN CREEK SUBDIVISION, BEING A SUBDIVISION IN PART OF THE SOUTH 1/2 MERIL.

COOK COUNTY CLORK'S OFFICE OF THE SOUTH FAST 1/4 OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS CL

LEGALD

DC1

05/18/04