

**UNOFFICIAL COPY**



Doc#: 0417744154  
Eugene "Gene" Moore Fee: \$34.50  
Cook County Recorder of Deeds  
Date: 06/25/2004 01:37 PM Pg: 1 of 6

**WHEN RECORDED MAIL TO:**

MAIL TO:  
RESIDENTIAL TITLE SERVICES  
1910 S. HIGHLAND AVE.  
SUITE 202  
LOMBARD, IL 60148

RL168045

The above space for recorder's use only

**SPECIAL OR LIMITED DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS, that I Debra J. Thiesen, of  
(County), California (State), have made, constituted and appointed

and by these presents do make, constitute and appoint Francis J. Bongiovanni, of  
Cook (County), Illinois (State), my true and lawful agent and

attorney-in-fact (hereinafter referred to as "attorney"), for me and in my name, place and stead to make, execute, acknowledge, amend, modify and deliver in my name such notes, agreements, promises to pay, affidavits, closing statements, contracts, instruments of conveyance, mortgage (including without limitation deeds of trust) or lease, and any and all other instruments, agreements and documents as my said attorney may deem appropriate and that are in any way related to any transaction involving the ownership, maintenance, financing, purchase and/or sale of, or any matter in any way related to, the following described property (the "Property"):

**SEE EXHIBIT "A" FOR LEGAL DESCRIPTION**

My attorney shall have power to exercise such other powers as may be necessary or desirable in the management of the Property, whether the same be of like kind or character to those herein enumerated or not, so long as related to the Property; in particular my said attorney is hereby enabled to act under changed conditions the exact nature of which cannot be foreseen, it being intended to vest in my said attorney, and I do hereby vest in my said attorney, full power to control and manage the Property and hereby giving and granting to my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in connection therewith as fully to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming whatsoever my said attorney shall or may do by virtue hereof.

All powers and authorities hereby granted may be exercised by my said attorney acting alone without the joinder of any other person.

This power of attorney shall not terminate on or be affected by the disability or incapacity of the principal. This power of attorney also shall not terminate or be affected by the lapse of time unless the loan contemplated hereunder is to be insured by the Federal Housing Administration.

The attorney named herein shall not be obligated to furnish bond or other security.

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Any authority granted to my attorney herein shall be limited so as to prevent this power of attorney from causing my attorney to be taxed on my income and from causing my estate to be subject to a general power of appointment by my attorney, as that term is defined in Section 2041 of the Internal Revenue Code.

I hereby ratify and confirm all that my attorney, of his successors, shall lawfully do or cause to be done by virtue of the power of attorney and the rights and powers granted herein.

I hereby bind myself to indemnify my attorney herein named and any successors who shall so act against any and all claims, liabilities, demands, losses, damages, actions and causes of action, including expenses, costs and reasonable attorneys' fees which my attorney at any time may sustain or incur in connection with his/her carrying out the authority granted him/her in this power of attorney.

This power of attorney and the powers herein granted shall terminate upon the earliest occurrence of (i) my death, (ii) revocation by an instrument in writing, duly executed and acknowledged by me and recorded or filed for record or filed for record in the office of the County Clerk or Recorder of the County and State in which the Property is located, or (iii) in the event the loan contemplated hereunder is to be insured by the Federal Housing Administration, the expiration of a period of time ending \_\_\_\_\_ It is my intention that any person or firm, corporation, joint venture, association or other legal entity of any kind or character dealing with my said attorney, or his/her substitute or substitutes, shall be entitled to rely on the provisions of this paragraph in determining whether or not this power of attorney has been revoked, and I hereby represent to those dealing with my said attorney, or his/her substitute or substitutes, that they are entitled to rely upon the terms and provisions of this paragraph in determining whether this power of attorney has been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand this <sup>20th</sup> 10th day of May, 2002-2004.

*Debra J. Thiesen*  
Signature

*Debra J. Thiesen*  
Printed Name

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared \_\_\_\_\_, known to me to be that person whose name is subscribed to the foregoing instrument, and acknowledged to me that \_\_\_\_\_ executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the 10th day of May, 2002-2004.

Notary Public in and for the State of \_\_\_\_\_  
*SEE ATTACHMENT*

My Commission Expires: \_\_\_\_\_

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## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

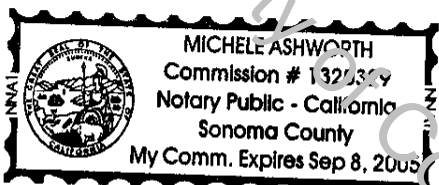
State of CALIFORNIA

County of SONOMA

On MAY 20<sup>TH</sup>, 2004 before me, MICHELE ASHWORTH, NOTARY PUBLIC  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared DEBRA J. THIESEN  
NAME(S) OF SIGNER(S)

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.

Michele Ashworth  
SIGNATURE OF NOTARY

### OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

#### CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL
- CORPORATE OFFICER

\_\_\_\_\_  
TITLE(S)

- PARTNER(S)  LIMITED
- ATTORNEY-IN-FACT  GENERAL
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

**SIGNER IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(IES)

\_\_\_\_\_  
\_\_\_\_\_

#### DESCRIPTION OF ATTACHED DOCUMENT

SPECIAL OR LIMITED DURABLE POWER  
TITLE OR TYPE OF DOCUMENT OF ATTORNEY

4  
NUMBER OF PAGES

MAY 20<sup>TH</sup>, 2004  
DATE OF DOCUMENT

\_\_\_\_\_  
SIGNER(S) OTHER THAN NAMED ABOVE

# UNOFFICIAL COPY

The undersigned witness certifies that DEBRA J. THIESEN <sup>AM</sup> PROVEN TO ME ON THE BASIS OF SATISFACTORY EVIDENCE  
~~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 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.

IN WITNESS WHEREOF, I have hereunto set my hand this 10th day of May, 2002. 2004.

MELISSA KELLER  
 Signature

MELISSA KELLER  
 Printed Name

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day  
 personally appeared \_\_\_\_\_, known to me to be that  
 person whose name is subscribed to the foregoing instrument, and acknowledged to me that \_\_\_\_\_ executed  
 the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the 10th day of May, 2002. 2004.

Notary Public in \_\_\_\_\_  
 and for the State of \_\_\_\_\_  
SEE ATTACHMENT

My Commission Expires: \_\_\_\_\_

This Document was prepared by: **MICHAEL VINCENZO**  
 126 EAST STREAMWOOD BOULEVARD  
 STREAMWOOD, IL 60107

After recording please mail to: **Residential Title Services, Inc.**  
 1910 South Highland Avenue, Suite 202  
 Lombard, Illinois 60148

PROPERTY BOOK Cook County Clerk's Office

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## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

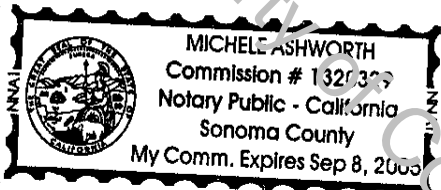
State of CALIFORNIA

County of SONOMA

On MAY 20<sup>TH</sup>, 2004 before me, MICHELE ASHWORTH, Notary Public  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared MELISSA KELLER  
NAME(S) OF SIGNER(S)

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.

Michele Ashworth  
SIGNATURE OF NOTARY

### OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

#### CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL
- CORPORATE OFFICER

TITLE(S)

- PARTNER(S)  LIMITED
- ATTORNEY-IN-FACT  GENERAL
- TRUSTEE(S)
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- OTHER: \_\_\_\_\_

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TITLE OR TYPE OF DOCUMENT

4  
NUMBER OF PAGES

MAY 20<sup>TH</sup>, 2004  
DATE OF DOCUMENT

**SIGNER IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(IES)

\_\_\_\_\_  
SIGNER(S) OTHER THAN NAMED ABOVE

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## EXHIBIT "A"

LOT 28 IN BLOCK 13 IN STREAMWOOD UNIT NO. 3, BEING A SUBDIVISION IN THE WEST 1/2 OF SECTION 23, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED APRIL 7, 1958, AS DOCUMENT NO. 17173899, IN COOK COUNTY, ILLINOIS.

PARCEL ID NUMBER: 06-23-114-008-0000

COMMONLY KNOWN AS: 126 EAST STREAMWOOD BOULEVARD  
STREAMWOOD, IL 60107

4 OF 4

Property of Cook County Clerk's Office