



Doc#: 0421012136
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 07/28/2004 03:53 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 PLEDGE, 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, DOROTHY C. WATKINS, of 1705 North Parkside Avenue, Chicago, Il., 60639 as Grantor, do hereby make and grant a limited and specific power of attorney to SHARON BLAKE of 1705 North Parkside Avenue, Chicago, Il., 60639 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)

To re-finance home mortgage loan.

APN: 16-31-423-054-0000

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.

SY
03
SD
MY
JB

UNOFFICIAL COPY

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 25th day of August, 2003.
Signed in the presence of:

<u>Milton G. Kelly</u> Witness	<u>Dorothy C Watkins</u> Grantor
<u>Edward B. Watkins</u> Witness	<u>Sharon Blake</u> Attorney-in-Fact
<u>George Watkins</u> Witness	
<u>William Blake</u> Witness	

State of IL
 County of COOK
 On AUG 23, 2003 before me, MARIA GOMEZ (NOTARY)
 appeared DOROTHY C WATKINS + SHARON BLAKE
 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 [Signature]



Affiant Known Produced ID
 Type of ID (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)

UNOFFICIAL COPY

AFFIDAVIT

STATE OF ILLININOIS
COUNTY OF COOK

I, William Blake, the undersigned, being duly sworn, depose and say that I do not reside at the property described as follows:

LOT TWELVE (12) IN BLOCK ONE (1) IN KEANEY PEARR'S NORTH AVENUE SUBDIVISION IN THE SOUTH EAST QUARTER (SE ¼) OF SECTION THIRTY-TWO (32), TOWNSHIP PERRY NORTH (40 N), RANGE THIRTEEN (13), EAST (E) OF THE THIRD (3RD) PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

I hereby relinquish my interest in the above described property.

I reside at 543 W. LAWLER AVE

FURTHER DEPONENT SAYETH NOT.

SIGNATURE

William Blake

subscribed and sworn to before me this 21 day of Aug, 2003.

Maria Gomez

Signature of Notary Public

OFFICIAL SEAL
MARIA GOMEZ
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/08/04

12-01-21

Legal (Reference: AB00386227) for Order Number 1869421

UNOFFICIAL COPY

EXHIBIT (A)

LOT TWELVE (12) IN BLOCK ONE (1) IN KEANEY PEARR'S NORTH AVENUE
SUBDIVISION IN THE SOUTH EAST QUARTER (SE ¼) OF SECTION THIRTY-TWO (32),
TOWNSHIP PERRY NORTH (40 N), RANGE THIRTEEN (13), EAST (E) OF THE THIRD (3RD)
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office



1801 Lakepointe #111
Lewisville, Tx 75057