

Doc#: 0425233132

Eugene "Gene" Moore Fee: \$34.00

Cook County Recorder of Deeds

Date: 09/08/2004 09:55 AM Pg: 1 of 6

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD FOWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDCE SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWER; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR LENFFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEILTS, DISBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS.UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER IN THE MANNER PROVIDED BELOW, UNTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU SECOME DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-4 OF THE ILLINOIS "STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART (SEE THE BACK OF THIS FORM). THAT LAW EXPRESSLY PERMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO **EXPLAIN IT TO YOU.)**

POWER OF ATTORNEY made this 24th day of <u>August</u>, 2004. I, <u>Marta Santiago</u>, 2014 N. <u>Kedzie Ave.</u>, Chicago, IL, hereby appoint: <u>Milton A. Tornheim</u>, 221 N. <u>LaSalle St.</u>, <u>Chicago</u>, IL (as my attorney-in-fact (my "agent") to act for me and in my name (in anyway I could act in person) with respect to the following powers, as defined in Section – of the "Statutory Short Form

6KD

Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph or below:

(YOU MUST STRIKE OUT ANY ONE OR MORE OF THE FOLLOWING CATEGORIES OF POWERS YOU DO NOT WANT YOUR AGENT TO HAVE. FAILURE TO STRIKE THE TITLE OF ANY CATEGORY WILL CAUSE THE POWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY.)

Real estate transactions.
Financial institution transactions.
Stock-and bond transactions.
Tangible personal property transactions.
-\'afe deposit box transactions.
Insurance and annuity transactions.
Re noment plan transactions.
Social Socurity, employment and military service benefits
Tax metters.
Claims and litit at ion.
Commodity and option transactions.
Business operations.
Borrowing transactions.
Estate transactions.
All other property powers at d transactions.

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY IF THEY ARE SYFCIFICALLY DESCRIBED BELOW.)

The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):
In addition to the powers granted above, I grant my agent the following powers (ivere you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below):

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO

DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHERS, YOU SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE ENTITLED TO REASON ABLE COMPENSATION FOR SERVICES AS AGENT.)

My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATT CRNEY MAY BE AMEDNED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDEMNT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THIS POWER IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS A LIMITATION ON THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITHER (OR BOTH) OF THE FOLLOWING:)

- (x) This power of attorney shall become effective on <u>August 24, 2004</u>. (insert a future date or event during your lifetime, such as court detern ination of your disability, when you want this power to first take effect.
- (x) This power of attorney shall terminate on <u>August 31, 2504</u>. (insert a future date or event, such as court determination of your disability, when you war this power to terminate prior to your death)

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE N. ME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PAR AGRAPH.)

If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

. For purposes of this paragraph, a person shall be cons de	red
to be incompetent if and while the person is a minor or an adjudicated incompetent or disable	d
person or the person is unable to give prompt and intelligent consideration to business matters	s, as
certified by a licensed physician.	

(IF YOU WISH TO NAME YOUR AGENT AS GUARDIAN OF YOUR ESTATE,IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOUR AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Signed Mante Santy

(YOU MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of	I certify that the signatures of my agent
Agent (and successors)	(and successors) are correct.
agenti for s	Quiante Santyo (principal)
(successor agent)	(principal)
	(neighborn)
(successor agent)	(principal)
	Corti
	0.

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

State of Illinois)) SS
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that Marta Santiago, 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 additional witness in person acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth (and certified to the correctness of the signature(s) of the agent(s). Dated: August 24, 2004(SEAL)

Notary Public

The undersigned withers certifies that ARTO TOUTHER, 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 sounc mind and memory.

Dated: User 134 (SEAL)

"OFFICIAL SEAL"
Marvin Margolis
Notary Public, State of Illinois
My Commission Exp. 05/08/2006

(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FORM SHOULD BE INSERTED IF THE AGENT WILL HAVE POWER TO CONVEY AND INTEREST IN REAL ESTATE.)

This document was prepared by:

MILTON A. TORNHEIM

221 N. LASALLE ST., SUITE 1320

CHICAGO, IL 60601-1308

Return to: First Commercial Bank 4970 S. Archer Avenue Chicago, Illinois 60632

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UNOFFICIAL COPY STEWART TITLE

ALTA COMMITMENT
Schedule A - Legal Description
File Number: TM153304

392709

Assoc. File No:

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 6 in First Addition to John R. O'Connor's Palos Park Subdivision being a subdivision in the northeast 1/4 of Section 26, Township 37 North, Range 12, East of the Third Principal Meridian, according to the Plat thereof registered as De la contraction de la contra document number 1329172, in Cook County, Illinois

STEWART TITLE GUARANTY
COMPANY