



# UNOFFICIAL COPY

Doc#: 0427117174  
Eugene "Gene" Moore Fee: \$50.50  
Cook County Recorder of Deeds  
Date: 09/27/2004 01:10 PM Pg: 1 of 3

Doc#: 0420148266  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 07/19/2004 04:10 PM Pg: 1 of 3

## GENERAL POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, R J Smith, residing at 1434 N. Massasoit Ave., Chicago, IL 60651, hereby appoint Eliza Levette Sledge, as my Attorney-in-Fact ("Agent").

If my Agent is unable to serve for any reason, I designate Jenae Danielle Sledge, as my successor Agent.

I hereby revoke any and all general powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
  - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
  - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
  - c. Have access to any safe deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.
4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.
6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, or other investments.
7. Maintain and/or operate any business that I may own.
8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession).

R.J.S. Including property at 1434 N. Massasoit Ave. Chicago, IL 60651



# UNOFFICIAL COPY

Dated July 25, 2003 at \_\_\_\_\_

YOUR SIGNATURE:

R.J. Smith

YOUR PRINTED FULL LEGAL NAME:

R J Smith

WITNESS' SIGNATURE:

James L. Brewer

WITNESS' PRINTED FULL LEGAL NAME:

James L. Brewer

WITNESS' SIGNATURE:

Earline Nunn

WITNESS' PRINTED FULL LEGAL NAME:

EARLINE NUNN

**Acknowledgement:**

STATE OF Ill

COUNTY OF COOK

The foregoing instrument was acknowledged before me this 25 day of JAN, 2004 by RJ Smith [YOUR FULL LEGAL NAME], who is personally known to me or who has produced IL STD 5307 3027 3285 as identification.

Mabel C Carr  
Signature of person taking acknowledgment

MABEL C CARR  
Name typed, printed, or stamped

Notary  
Title or rank



Serial number (if applicable)

This document was prepared by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_