

UNOFFICIAL COPY

When Recorded Mail to:

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



Doc#: 0429726042
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 10/25/2004 08:46 AM Pg: 1 of 4

The above space for recorder's use only

SPECIAL OR LIMITED DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I JAMES D. STITTSWORTH JR., of
Lake (County), ILLINOIS (State), have made, constituted and appointed
and by these presents do make, constitute and appoint KATHLEEN A. THOMA, of

Lake (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"), physically described as: 881 OXFORD PLACE, WHEELING, IL 60090; Legally described as:
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 any 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 17th day of October, 2004.

James D. Stillsworth Pro
Signature
JAMES D. STILLSWORTH
Printed Name

STATE OF Florida
COUNTY OF Duval

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

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the 17th day of October, 2004.



Starr Kirby
MY COMMISSION # DD149882 EXPIRES
December 6, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

Starr Kirby
Notary Public in
and for the State of Florida

My Commission Expires: December 6, 2006

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The undersigned witness certifies that JAMES D. STITTSWORTH 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 7th day of October, 2004
2002.

Mary A. James Signature

MARY A. JAMES Printed Name

STATE OF Florida
COUNTY OF Duval

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

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the 7th day of October, 2004
2002.



Starr Kirby
MY COMMISSION # DD149882 EXPIRES
December 6, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

Starr Kirby
Notary Public in
and for the State of Florida

My Commission Expires: December 6, 2006

This Document was prepared by:

After recording please mail to:

Residential Title Services, Inc.
1910 South Highland Avenue, Suite 202
Lombard, Illinois 60148

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EXHIBIT "A"

UNIT 114-A IN CHELSEA COVE CONDOMINIUM NO. 1, AS DELINEATED ON SURVEY OF A PART OF LOT 1 OF CHELSEA COVE, A SUBDIVISION, BEING A PART OF LOTS 5, 6 AND 7 TAKEN AS A TRACT, IN OWNER'S DIVISION OF BUFFALO CREEK FARMS, BEING A SUBDIVISION OF PART OF SECTION 2, 3, 4, 9 AND 10, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE VILLAGE OF WHEELING, COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 31, 1973 AS DOCUMENT NUMBER 22205368 IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP MADE BY AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST NUMBER 77166 RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 22604309 TOGETHER WITH A PERCENTAGE OF THE COMMON ELEMENTS APPURTENANT TO SAID UNIT AS SET FORTH IN SAID DECLARATION, AS AMENDED FROM TIME TO TIME, WHICH PERCENTAGE SHALL AUTOMATICALLY CHANGE IN ACCORDANCE WITH AMENDED DECLARATIONS AS SAME ARE FILED OF RECORD PURSUANT TO SAID DECLARATION, AND TOGETHER WITH ADDITIONAL COMMON ELEMENTS AS SUCH AMENDED DECLARATIONS ARE FILED OF RECORD, IN THE PERCENTAGES SET FORTH IN SUCH AMENDED DECLARATIONS, WHICH PERCENTAGES SHALL AUTOMATICALLY BE DEEMED TO BE CONVEYED EFFECTIVE ON THE RECORDING OF EACH SUCH AMENDED DECLARATION AS THOUGH CONVEYED HEREBY IN COOK COUNTY, ILLINOIS.

PARCEL ID NUMBER: 03-03-400-063-1101

COMMONLY KNOWN AS: 881 OXFORD PLACE
WHEELING, IL 60090