



Doc#: 0435013003 Eugene "Gene" Moore Fee: \$32.00 Cook County Recorder of Deeds Date: 12/15/2004 08:32 AM Pg: 1 of 5

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 POWERS TO HANDLE YOUR PROPERTY. WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE CEANY REAL OR PERSONAL PPOPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON

YOUR AGENT TO EXFACTSE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, 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 E CPRESSLY 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 BECCALE DISABLED. THE POWERS YOU GIVE YOUR AGENT ARE EXPLAINED MORE FULLY IN SECTION 3-/ 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.)

L Curt Conway, of 930 Parkview Lane, Der Plaines, IL 60016 (insert name and address of principal) hereby appoint Kimberly Conway, of 1841 Stockton Avenue, Des Plaines, (insert name and address of agent)

as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 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.)



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- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (1) 4 viness operations.
- (m) Berrowing transactions.
- (n) Listate transactions.
- (o) All or net property powers and transactions.

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

2. 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):
The powers granted my agent are limited to executing the documents needed to purchase 9471 N. Sumac, Unit D, Des Plaines, IL 60016

3. In addition to the powers granted above, I grant my as ent the following powers (here 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.)

4. 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 REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

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

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AND IN ANY MANNER. ABSENT AMENDMENT 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:)

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(successor agent)	
(successor agent)	(principal)
(agent)	(principal)
Specimen signatures of agent (and successors)	I certify that the signatures of my agent (and successors) are correct.
PROVIDE SPECIMEN SIGNATURES BELOW. IF POWER OF ATTORNEY, YOU MUST COMPLET THE AGENTS.)	QUEST YOUR AGENT AND SUCCESSOR AGENTS TO YOU INCLUDE SPECIATIN SIGNATURES IN THIS TO THE CERTIFICATION OF POSITE THE SIGNATURES OF
Signed (principal)	
10. I am fully informed as to all the contents of this my agent.	for are nd understand the full import of this grant of powers to
attorney as such guardian, to serve without boad or	
DECIDES THAT ONE SHOULD BE APPOINTED RETAINING THE FOLLOWING PARAGRAPH. TO COURT FINDS THAT SUCH A POINTMENT W	UARDIAN OF YOUR ESTATE, IN THE EVENT A COURT D, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY THE COURT WILL APPOINT YOUR AGENT IF THE ILL SERVE YOUR BEST INTERESTS AND WELFARE. WANT YOUR AGENT TO ACT AS GUARDIAN.)
For purposes or this paragraph 8, a person shall be or an adjudicated incompetent or disabled person or to business matters. As certified by a licensed physic	considered to be incompetent if and while the person is a minor the person is unable to give prompt and intelligent consideration can.
8. If any agent named by me shall die, become income following (each to act alone and successively, in the	mpetent, resign or refuse to accept the office of agent, I name the order named) as successor(s) to such agent:
(IF YOU WISH TO NAME SUCCESSOR AGENT SUCCESSOR(S) IN THE FOLLOWING PARAGR	TS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH (APH.)
7. (x) This power of attorney shall terminate on as court determination of your disability, when you	11/19/04 (insert a future date or event, such want this power to terminate prior to your death)
6. (x) This power of attorney shall become effecti during your lifetime, such as court determination of	ve on 11/18/04 (insert a future date or event fyour disability, when you want this power to first take effect)

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY

AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.)

# 0435013003 Page: 4 of 5 NEIL J KAISER VNOFFICIAL COPY

State of)	
County of Cook ) SS.	
The undersigned, a notary public in and for the above county and state, cerknown to me to be the same person whose name is subscribed as principal appeared before me and the additional witness in person and acknowled as the free and voluntary act of the principal, for the uses and purposes the correctness of the signature(s) of the agent(s)).	to the foregoing power of attorney,
Dated: 11:15-04  Si Jean F. Conway  Notary Public	OFFICIAL SEAL EILEEN L CONWAY NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 05-26-07
My commission expires 5.36-07	
The undersigned witness certifies that Curt Conway whose name is subscribed as principal to an foregoing power of attorney, a public and acknowledged signing and celivering the instrument as the free uses and purposes therein set forth. I believe him or her to be of sound mineral convergence of the convergence of th	and voluntary act of the principal for the
Dated:  Munchull  Witness	(SEAL)
(THE NAME AND ADDRESS OF THE PERSON PREPARING THIS FO AGENT WILL HAVE POWER TO CONVEY ANY INTEREST IN REAL This document was prepared by:	RM SHOULD BE INSERTED IF THE
Law Office of Neil J. Kaiser, Ltd., 716 Le	e, Des Plaines, IL 60016
The requirement of the signature of an additional witness imposed by the ar Assembly applies only to instruments executed on or after the effective date	nendatory Act (f the 91st General of June 9th, 2000. (T.A. 86-736.)

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#### **LEGAL:**

PARCEL 1: THE EAST 28.25 FEET OF THE WEST 133.42 FEET BOTH AS MEASURED ALONG THE NORTH LINE THEREOF OF THE NORTH 82.25 FEET AS MEASURED ALONG THE WEST LINE THEREOF OF LOT 8 TO 13, BOTH INCLUSIVE, TAKEN AS A TRACT IN FIRST ADDITION TO HILLARY LANE BEING A SUBDIVISION OF PART OF THE EAST ½ OF THE NORTHEAST ¼ OF THE NORTHWEST ¼ OF SECTION 15, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: THE SOUTH 8.0 OF THE NORTH 36.0 FEET (EXCEPT THE EAST 17 FEET OF THE EAST 35.0 FEET OF LOTS 1 THROUGH 13) BOTH AS MEASURED ALONG THE EAST LINE THEREOF OF THE EAST 35 FEFT AS MEASURED ALONG THE NORTH LINE THEREOF OF LOTS 8 TO 13, BOTH INCLUSIVE, TAKEN AS TRACT IN FIRST ADDITION TO HILLARY LANE, AFORESAID IN COOK COUNTY, ILLINOIS.

PARCEL 3: EASEMENTS APPURTENANT TO AND FOR THE BENEFIT CEL 1 AL
SEMENTS RECU.
SS AND EGRESS, ALL IN C.

PIN \$ 09-13-101-057 0000 OF PARCEL 1 AS SET FORTE AND DEFINED IN THE DECLARATION OF EASEMENTS RECORDED AS DOCUMENT NO. 19298905 FOR INGRESS AND EGRESS, ALL IN COOK COUNTY, ILLINOIS.