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THIS DOCUMENT PREPARED BY AND MAIL TO:

Daniel J. Dowd, Esquire Dowd, Dowd & Mertes, Ltd. 701 Lee St., Suite 790 Des Planes, IL 60016



Doc#: 0506926107
Eugene "Gene" Moore Fee: \$32.00
Cook County Recorder of Deeds
Date: 03/10/2005 03:49 PM Pg: 1 of 5

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

(NOTICE: THE PUPPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") APOAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE THE POWERS TO PLEDGE, 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 GRAPTED 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, DEBURSEMENTS AND SIGNIFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWLES 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 HEN'T THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME 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. 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 2812 day of February, 2005.

1. I, SHARON L. BARTHOLOMAE of 28223 Gray Barn Koad, Lake Barrington, Illinois, hereby appoint DANIEL J. DOWD of 701 Lee Street, Suite 790, Des Plaines, Illinois, 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 Snort 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.)

(a)	Real Estate transactions.			. /
-(b) -	-Financial institution transactions-	1st AMERICAN TITLE order 8.1040299	4	/.
(c)-	Stock and bond-transactions.	181 AMERICAN TILE OF SELECTION OF THE CONTROL OF TH	$\dot{\mathcal{H}}$	/_
 (d)	Tangible personal property transaction	ons.	′ {	ρ
(e)	Safe deposit-box transactions.			



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— (f) Insurance and annuity transactions					
- (g) Retirement plan transactions.					
- (h) Social security, employment and military service benefits.					
—— (i) Tax matters					
—— (j) — Claims and litigation.					
——————————————————————————————————————					
— (1)— Business operations.					
(m) Borrowing transactions.					
——————————————————————————————————————					
(o) All other property powers and transactions.					
(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNEY. F. THEY ARE SPECIFICALLY DESCRIBED BELOW).					
2. (h) 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: limited to documentation necessary in connection with the					
purchase of 540 North Lake Shore Drive, Unit 408 and 409, Chicago, Illinois, including any and all					
loan documentation, including a mortgage, assignment of rents, etc. pertaining to the property					
3. In addition to the powers granted above, I grant my agent 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 bereficiaries or joint tenants or revoke or amend any trust specifically referred to below): NONE NONE					
(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 REASONAPLE 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 MY 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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SYMONS CORP

6. () This power of attorney	shall become effective on
(insert a future date or event during your lifetin disability, when you want this p	ne, such as a court determination of your sower to first take effect)
7. () This power of attorney	shall terminate on
(insert a future date or event, such as cou when you want this power to terr	rt determination of your disability, minate prior to your death)
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSESUCCESSOR(S) IT THE FOLLOWING PARAGRAPH).	ERT THE NAME(S) AND ADDRESS(ES) OF SUCH
8. If guy agent named by me shall die, the office of agent, I wante the following (each to act successor(s) to such agent: NONE	cecome incompetent, resign or refuse to accept alone and successively, in the order named) as
For purposes of this Pa ag rich 8, a person shathe person is a minor or an adjudicated incompetent give prompt and intelligent consideration to business	all be considered to be incompetent if and while it or disabled person or the person is unable to matters, as certified by a licensed physician.
(IF YOU WISH TO NAME YOUR AGENT A GUARDIA DECIDES THAT ONE SHOULD BE APPOINTED YOU RETAINING THE FOLLOWING PARAGRAPH. THE COLFINDS THAT SUCH APPOINTMENT WILL SERVE YOU PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO	MAY, BUT ARE NOT REQUIRED TO, DO SOURT ORT WILL APPOINT YOUR AGENT IF THE COURT R REST INTERESTS AND WELFARE. STRIKE OUT
9. If a guardian of my estate (my propacting under this power of attorney as such guardian	perty) is to be appointed, I nominate the agent, 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.

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

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STATE OF ILLINOIS COUNTY OF LOOK

The undersigned, a notary public in and for the above county and state, certifies that SHARON L. BARTHOLOMAE is 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 and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Notary Public (v. Carpens see: Locker 19, 12-2097)

The undersigned witness certifies that SHARON L. BARTHOLOMAE, 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 her to be of sound mind and memory.

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

This document was prepared by:

Daniel J. Dowd, Esquire Dowd. Dowd & Mertes, Ltd. 701 Lee Street, Suite 790 Des Plaines, IL 60016 (847) 827-2181

SYMONS CORP 4:12PM FEB.25,2005

0506926107 Page: 5 of 5 No.294

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LEGAL DESCRIPTION

Unit No. 408 and 409 in the 540 Lake Shore Drive Condominium, as delineated on a survey of Lot 29 (except that portion taken for street purposes in Case 82 L 1163) and Lot 30 and the West 1/2 of Lot 43 in Circuit Court Partition of the Ogden Estate Subdivision of parts of Blocks 20, 31 and 32 in Kinzie's Addition to Chicago, in the North 1/2 of Section 10, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document Number 92468797, together with its undivided percentage interest in the common elements, in Cook County, Illinois.

Address of Property:

540 North Lake Shore Drive, Units 408 and 409

Chicago, Illinois

Permanent Index. Nos.:

Servito Or Cook County Clark's Office 17-10-211-021-1045 and 17-10-211-021-1051