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Doc#: 0508104154

Eugene "Gene" Moore Fee: \$62.00

Cook County Recorder of Deeds

Date: 03/22/2005 11:02 AM Pg: 1 of 6

ILLINOIS STATUTORY SHORT FO. 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 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 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 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 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 (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 11 70 YOU.)

POWER OF ATTORNEY made this 3 lay of Man (month) 200 (ye r). I, (insert name and address of principal) hereby appoint:

FRANK MCGUIRF (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 - 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 or below:

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. FOR THE \$ALE OF 6334 N. SHERIDAN RD, #2E, CHICAGO, IL 60660

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- (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) or modity and option transactions.
- (1) Business operations.
- (m) Boxerwing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

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

The powers granted above scali not include the following powers or shall be modified or

limited in the following p appropriate, such as a pro or special rules on borrowi	rticulats there you may include any specific limitations you deem hibition or conditions on the sale of particular stock or real estate ag by the agent;
	7%
	<i>y</i>
	ranted above, I grant my agent the following powers (here you le powers including, without limitation, power to make gifts,
	ntment, name or change beneficiaries or joint wants or revoke
or amend any trust specific	
	S NECESSARY TO EFFECTUATE THE SALE OF
	D # 2E AND PARKING SPACE, CHICAGO, IL 60660
TATEMENTS, DEED,	T LIMITED TO, EXECUTION OF CLOSING AFFIDAVITS OF TIPLE, BILL OF SALE, PESPA/ S FT AL.

(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 REASONABLE 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 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:)

() This power of attorney shall become effective on THE DATE OF ITS EXECUTION
oi pe	event during your lifetime, such as court determination of your disability, when you want this wer to first take effect).
(This power of attorney shall terminate on APRIL 1, 2005
or	event, such as court determination of your disability, when you want this power to reminate ior to your death)
(I A	F YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND DDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)
먝	any agent named by me shall die, become incompetent, resign or refuse to accept the office of ent, I name the following (each to act alone and successively, in the order named) as successor(s) to ch agent: LINDA ENGLAND
щ	For purposes of this paragraph, a rson shall be considered to be incompetent if and while the person is a minor or an adjudicated competent or disabled person or the person is unable to give prompt and intelligent consideration to siness matters, 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 content. If this form and understand the full import of this grant of powers to my agent.

× Signed Fair E. Barring (principal)

(YOU MAY, BUT AKE 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:
John ! Mag (ager	
1. 1 5 7 0	
(succ	essor agent) X Suris E. Enny (principal)
(succ	essor agent) X Louis E. Baning (principal)
ļ	(panoipai)
	T /

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

State of North Carolina)

Doode or whood

) SS.

County of <u>Granville</u>

The undersigned, a notary public in and for the above county and state, certifies that

Louis E. Barrington ____, 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 (, and sertified to the correctness of the signature(s) of the agent(s)). Dated: 3-08-05

O ***

Notary	Publi	ic

My commission expires 04-28-09. The undersigned witness certifies that Louis E. Barring tomown 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 burposes therein set forth. I believe him or her to be of sound mind and memory.

(SEAL) Witness

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

County Clark's Office

This document was prepare ity: MYN

JERROLD S. DORN 309 W. WASH:

WASHINGTON, CHICAGO, IL 60606

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JERROLD S. DORN As An Agent For Fidelity National Title Insurance Company 1941 Rohlwing Road Rolling Meadows, IL 60008

> **ALTA Commitment** Schedule A1

File No.: RTC39773

Property Address:

6334 N. SHERIDAN ROAD, UNIT 2 E,

CHICAGO IL 60660

Legal Description:

UNIT NUMBER E-2 AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

THE SOUTH 4.2 FEET OF LOT 3, ALIXLOT 4 AND THE NORTH 45.8 FEET OF LOT 5 IN BLOCK 2 IN COCHRAN'S SECTION ADDITION TO EDGEWATER IN THE EAST FRACTIONAL 1/2 OF SECTION 5, TOWNSHIP 40 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 AS DOCUMENT NUMBER 21842747; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, HL CONTROL ILLINOIS.

⇒Permanent Index No.:

14-05-202-018-1016