#### **UNOFFICIAL COPY**



# SPECIFIC POWER OF ATTORNEY

[Space Above This Line For Recording Data]

Return To:

Countrywide Home Loans US 50079 Decument Process.

P.O. Box 10423 VAN MUIS (A 91410-0423

Prepared By:

Dale Marie Friese Country wide Home Loars 5613 Route 14 Crystal Lake, IL 60014

Case #:

Escrow/Closer #:

Doc ID#:

KNOW ALL MEN BY THESE PRESENTS, that I, PATTY I. FORD

1451 CALIFORNIA STREET MOUNTAIN VIEW, CA 94041-2853

FHA/VA/CONV Specific Power of Attorney 1U015-XX (05/01)(d)

Page 1 of 4







80× 334

0508819030 Page: 2 of 5

#### **UNOFFICIAL COPY**

herewith nominate, constitute and appoint JAMES E CARIAN, ATTORNEY AT LAW

my true and lawful attorney in-fact, for me and in my name, place and stead to:

Contract for, purchase, receive and take possession of; to sell, exchange, grant or convey with or without warranty; to mortgage, transfer in trust, or otherwise encumber or hypothecate the property legally described as: LOT 1 IN BLOCK 1 IN MAKIA LAMB'S SUBDIVISION OF LOT 12 AND THE EAST 8 FEET OF LOT 14 OF ASSESSOR'S DIVISION OF THE SOUTHWEST 1/4 OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. County Clark? One 20-04-327-032-0000

whose address is 707 W 46TH PL

CHICAGO, IL 60609-4404

and to endorse, sign, seal, execute and deliver any and all mortgages, Deeds of Trust, Deed of Trust Noise, wites or bonds, financing statements, checks, drafts or other negotiable instruments and other written instruments) of whatever kind reasonably required to effectuate this loan.

**FHAVA/CONV** Specific Power of Attorney 1U015-XX (05/01)

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0508819030 Page: 3 of 5

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Acoption of Colling Clark's Office of Collin

This Power of Attorney is specifically limited to the above purposes and, if not exercised prior to AUGUST 21, 2005

**FHAVA/CONV** Specific Power of Attorney 1U015-XX (05/01)

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0508819030 Page: 4 of 5

## **UNOFFICIAL COPY**

Signed this 15 clay	day of March.	
900 M	[Principal Signature]	
	THIS FORM MUST BE NOTARIZED ——	
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	040	
FHAVA/CONV Specific Power of Attorney	TS	
U015-XX (05/01)	Page 4 of 4	);;;
	THIS FORM MUST BE NOTARIZED —— Page 4 of 4	Co

0508819030 Page: 5 of 5

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#### CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

	)
County of Swadara	ss.
On 3-15-05 before	me KAHIMAN RAS
Date 0 fi	Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared	Name(s) of Signer(s)
	personally known to me
	proved to me on the basis of satisfactor
	'evidence
	to be the person(s) whose name(s) is are
	subscribed to the within instrument and
<i>Y</i>	acknowledged to me that he/she/they executed the same in his/hei/their authorized
KATILLET N ROSS	capacity(ies), and that by his/her/thei
Comm. # 1342916 NOTARY PUBLIC CA JEGRN N	signature(s) on the instrument the person(s), o the entity upon behalf of which the person(s)
City & County of Sa. Francisco My Comm. Expires Feb. 14, 7440	acted, executed the instrument.
,	WITNESS my hand and official seal.
	T / / / / / / / / / / / / / / / / / / /
	Signature of Notary Public
	Signature of Notary Public
	ORTIONAL
Though the information below is not required by law, it n	OPTIONAL — — may prove valuable to per org relying on the document and could prevent
rraudulent removal and rea	attachment of this form to another accument.
<b>Description of Attached Document</b>	
Title or Type of Document:	<u>%/</u>
LIVER CONTROL LINES	Number of Fages:
Document Date:	U <sub>x</sub>
Signer(s) Other Than Named Above:	
Signer(s) Other Than Named Above:	
	II Co
Signer(s) Other Than Named Above:	Co
Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer  Signer's Name:	RIGHT THUMBPRINT OF SIGNER
Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer  Signer's Name:  Individual Corporate Officer — Title(s):	RIGHT THUMBPRINT OF SIGNER Top of thumb here
Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer  Signer's Name:  Individual Corporate Officer — Title(s):  Partner — Limited General	RIGHT THUMBPRINT OF SIGNER Top of thumb here
Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer  Signer's Name:  Individual Corporate Officer — Title(s): Partner — Limited General Attorney-in-Fact	RIGHT THUMBPRINT OF SIGNER Top of thumb here
Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer  Signer's Name:  Individual Corporate Officer — Title(s):  Partner — Limited General  Attorney-in-Fact Trustee	RIGHT THUMBPRINT OF SIGNER Top of thumb here
Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer  Signer's Name:  Individual Corporate Officer — Title(s): Partner — Limited General Attorney-in-Fact	RIGHT THUMBPRINT OF SIGNER Top of thumb here
Signer(s) Other Than Named Above:  Capacity(ies) Claimed by Signer  Signer's Name:  Individual Corporate Officer — Title(s):  Partner — Limited General  Attorney-in-Fact Trustee	RIG Tot