### Mail To >

## **General Power of Attorney**

(with Durable Provision)

Doc#: 0521655088 Eugene "Gene" Moore Fee: \$50.00 Cook County Recorder of Deeds Date: 08/04/2005 07:33 AM Pg: 1 of 3

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM 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. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS FOWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL	PERS	ር <mark>እን,</mark> ኒe jt k	nown that I, ELLEN KORCHEK
of J	400	Vikel	NIA AV, NN, C 309, WASHINGTON, DC 20037
the und	lersigne	ed Principal,	on hereby make and grant a general power of attorney to ADDW KORCHEK
and do	thereur	non constitu	, of 1516 5. WABASH AVE #1003, Ch. carge, The book
ana ao	incicu	Jon Constitu	te and appoint said individual as my attorney-in-lact/agent.
∃f my Ao	gent is i	ugable to se	rve for any reason, I designate
of	N/I	4	, as my successor Agent.
My atto with res	rney-in spect to	-fact/agent : the following	shall act in my name, piece and stead in any way which I myself could do, if I were personally present, ng matters, to the extent the Lam permitted by law to act through an agent:
subdivis any par	sions (A ticular s	.) through (N	Ist write his or her initials in the corresponding blank space of a box below with respect to each of the (a) below for which the Principal war.ts to give the agent authority. If the blank space within a box for s NOT initialed, NO AUTHORITY WILL BECKANTED for matters that are included in that subdivision. held.)
[- X	]	(A)	Real estate transactions
[	]	(B)	Tangible personal property transactions
[	]	(C)	Bond, share and commodity transactions
1 ×	]	(D)	Banking transactions
[	]	(E)	Business operating transactions
[	]	(F)	Insurance transactions
	]	(G)	Business operating transactions Insurance transactions Gifts to charities and individuals other than Attorney-in-Fact/Agent (If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
[	]	(H)	Claims and litigation
[	]	(1)	Personal relationships and affairs
[	]	(J)	Benefits from military service
[	]	(K)	Records, reports and statements

m N

Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select

(L)

(M)

(N)

Access to safe deposit box(es)

All other matters

0521655088 Page: 2 of 3

# **UNOFFICIAL COPY**

(0) If the blank space in the block to the left is initialed by the Princiattorney shall not be affected by the subsequent disability or incograntor.  Other Terms:  My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act are capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and so undertaken.  TO INDUCE ANY 1-HBD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD EXECUTED COPY OR F-ACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOURTHEREOF SHALL BE INEFFE. TUYE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY AND SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.  Signed under seal this day of John Strument Advisor even Fact/Agent  State of John Strument Advisor even Fact/Agent  State of John Strument Advisor even Fact/Agent	d perform in said fiduciary
My attorney-in-fact/agent hereby accepts this appointment subject to its terms and agrees to act ar capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and so undertaken  TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD EXECUTED COPY OR FACTIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVO HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I HEIRS, EXECUTORS, LEGAL REPRISENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY A SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.  Signed under seal this day of Attorior Fact/Agent  State of Thirds Science of:  Attorior in Fact/Agent	d perform in said fiduciary affirm and ratify all acts
capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and so undertaken  TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD EXECUTED COPY OR F.C. IMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVO HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I HEIRS, EXECUTORS, LEGAL REI RESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY A SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH OF SUCH THIRD PARTY HAVING RELIED OF THE PROVISIONS OF THIS INSTRUMENT.  Signed under seal this day of Arione Fin-Fact/Agent  State of Thirds (Calving Co.)  State of Thirds (Calving Co.)	d perform in said fiduciary affirm and ratify all acts
capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and so undertaken  TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD F EXECUTED COPY OR F.4CS IMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVO HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY A SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCIOF SUCH THIRD PARTY HAVING RELIED OF THE PROVISIONS OF THIS INSTRUMENT.  Signed under seal this day of John Fact/Agent  State of Third's Calling State of Third State of Third State of Third's Calling St	d perform in said fiduciary affirm and ratify all acts
capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and so undertaken  TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD FEXECUTED COPY OR F. CSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVO HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY A SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH OF SUCH THIRD PARTY HAVING RELIED OF THE PROVISIONS OF THIS INSTRUMENT.  Signed under seal this day of John Scripping of the presence of:  Actories in-Fact/Agent  State of Jimps S Calabry 6.	d perform in said fiduciary affirm and ratify all acts
EXECUTED COPY OR FAC'IMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOURTHEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I HEIRS, EXECUTORS, LEGAL REI-RI-SENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY A SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.  Signed under seal this day of farantor Grantor G	
State of	Cation or termination or knowledge of Such or myself and for My ND Hold Harmless any
Witness G-Jeskel Witness Grantor  Witness Attorner in Fact/Agent  State of Thinks (Cashury to-)	en e e
Witness Witness  Attories in Fact/Agent  State of Ihins S (Calling 6)	
State of Ihing's (election to	which
	<u> </u>
County of	
On before me, before me, me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscrit and acknowledged to me that he/she/they executed the same in his/her authorized capacity, and the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.	at by his/her signature on
WITNESS my hand and official seal.	
Signature: Belly County	
My Commission Expires December 14, 2009  Affiant Type of ID M	Jan 1980
the first of the second of	Known Produced E
	Known Produced II Fundated Dr Side 1585 7 (Seal

0521655088 Page: 3 of 3

#### **UNOFFICIAL COPY**

ACAPS #: 105060215229000

ATC FILE #: 0052578

Customer Name: Adam Korchek

#### LEGAL DESCRIPTION

PARCEL A: UNIT 1003 IN LANMARK LOFTS CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED PROPERTY: CERTAIN LOTS IN BLOCK 25 IN ASSESSORS DIVISION OF THE NORTHWEST FRACTIONAL 1/4 OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN WHICH SURVEY IS ATTACHED AS EXHIBIT C TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 08114042 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS

PARCEL B: THE EXCLUSIVE RICHT TO THE USE OF PARKING SPACE 87 ASSIGNED TO UNIT 508 A LIMITED COMMON ELEMENTS AS DELINEATED ON THE SURVEY ATTACHED TO DECLARATION Clort's Office AFORESAID.

P.I.N. #: 17-22-106-074-1059