

UNOFFICIAL COPY



ILLINOIS STATUTORY SHORT FORM

Doc#: 0522204260
Eugene "Gene" Moore Fee: \$32.00
Cook County Recorder of Deeds
Date: 08/10/2005 04:13 PM Pg: 1 of 5

POWER OF ATTORNEY FOR PROPERTY

R7045246 2/5

(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 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 A POWER IS EXERCISED, YOUR AGENT WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS FORM. 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 IT TO YOU.)

This POWER OF ATTORNEY made this 15th day of June, in the year 2005.

1. I, THOMAS K. JOSEPH, of the City of Palos Hills, State of Illinois, hereby appoint JOSEPH T. KUNNENGODE, 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.)

- (a) Real estate transactions regarding 616 North Paulina, Chicago, Illinois.
- (b) Financial institution transactions regarding 616 North Paulina, Chicago, Illinois.
- (c) Borrowing transactions regarding 616 North Paulina, Chicago, Illinois.

SKY

UNOFFICIAL COPY

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



1. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegate-able 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):

- (a) To execute any documents, to secure a mortgage and a loan, to purchase property commonly known as 616 North Paulina, Chicago, Illinois. My agent shall have the authority to execute a promissory note and mortgage on my behalf and to execute any other documents required to secure financing to purchase property commonly known as 616 North Paulina, Chicago, Illinois.
- (b) To execute any documents to purchase property commonly known as 616 North Paulina, Chicago, Illinois.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL REASONABLE EXPENSES INCURRED IN ACTION 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.)

2. 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:)

- 3.  This power of attorney shall become effective on June 15, 2005.
- 4.  This power of attorney shall terminate on October 29, 2005.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH)

UNOFFICIAL COPY

5. If any agent named by me shall die, become legally disabled, resign or refuse to act, I name the following to act alone as successor to such agent:

First, JOSEPH T. KUNNENGODE, my son,
Second, SWAPNA JOSEPH, my daughter.

6. 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.

SIGNED: _____
THOMAS K. JOSEPH

(YOU MAY, BUT ARE 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 signatures of my agent.

Joseph T. Kunnengode
JOSEPH T. KUNNENGODE

I certify that the agent is correct.

THOMAS K. JOSEPH
THOMAS K. JOSEPH

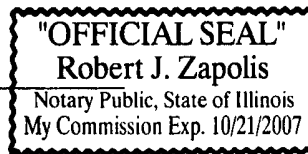
(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED, USING THE FORM BELOW.)

State of Illinois)
)SS.
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that THOMAS K. JOSEPH, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me 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.

Dated: 6-15-05

Notary Public



My commission expires

UNOFFICIAL COPY

The undersigned witness certifies that THOMAS K. JOSEPH, 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.

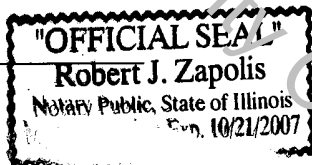
Dated: 6-15-05

Carol L. Earnest
Witness

State of Illinois)
)SS.
County of Cook)

The undersigned, a notary public in and for the above county and state, certifies that JOSEPH T. KUNNENGODE, known to me to be the same person whose name is subscribed as agent.

Dated: 6-15-05
[Signature]
Notary Public



My commission expires

(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 ESTATE.)

AMZ PD

This document was prepared by:

ROBERT J. ZAPOLIS, ATTORNEY AT LAW
ZAPOLIS & ASSOCIATES
7420 W. College Drive, Ste. 2E
Palos Heights, Illinois 60463
(708)361-6100

UNOFFICIAL COPY

PROPERTY LEGAL DESCRIPTION:

THE SOUTH 20 FEET OF THE NORTH 82.30 FEET OF LOT 49 IN THE SUBDIVISION OF BLOCK 15 IN CANAL TRUSTEE'S SUBDIVISION OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER:

17-07-214-058

Property of Cook County Clerk's Office