## A UNOFFICIAL COPY



0522439019 Eugene "Gene" Moore Fee: \$36.50 Cook County Recorder of Deeds Date: 08/12/2005 09:07 AM Pg: 1 of 7

# DO OF CO POWER OF ATTORNEY SHIRLEY M. TAYLOR

Legal description:

See attached

Address of Property: 8560 West Foster, Unit 305, Norridge, IL 60706

\*Index Number: 12-11-102-110-1015

7246 West Touhy Chicago, IL 60631

Return to: Joseph La Zara 7246 West Touhy Chicago, IL 6031



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### **UNOFFICIAL COPY**

### ILLINOIS STATUTORY SHORT FORM 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 FOWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR AGENTS UNDER THIS FORM BUT NOT CO-AGENTS. JNLESS 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. 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 17 day of Jun, 2004

1. I, SHIRLEY M. TAYLOR, 8560 W. Foster, Unit 305, Norridge Illinois 60706, hereby appoint BARBARA MARION DIEBOLD 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" (me'ading 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.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.
- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.

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age 2	, Durai	of Tower of Attorney of Strike Let W. TATLOR
	(h)	Social Security, employment and military service benefits.
	(i)	Tax matters.
	(j)	Claims and litigation.
	(k)	Commodity and option transactions.
	(1)	Business operations.
	(m)	Borrowing transactions.
	(n)	Estate transactions.
	(o)	All other property powers and transactions.
LIMI	TATIO	NS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED
N TH	IS POV	WER OF ATTORNEY IF THEY ARE SPECIFICALLY DESCRIBED BELOW.)
	2.	The powers granted above shall not include the following powers or shall be
nodif		imited in the following particulars (here you may include any specific limitations
		propriate, such as a prohibition or conditions on the sale of particular stock or real
		ial rules on borrowing by the agent):
		0/
1		1
		<u> </u>
	3.	In addition to the powers granted above in trant my agent the following powers
here v		y add any other delegable powers including, without limitation, power to make
		e powers of appointment, name or change beneficialles or joint tenants or revoke or
-		
	2 4117 111	ust specifically referred to below):
		9
_		
VAH	D V CE	ENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS
		Y TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS
YECE	DOTIL	I TO DIVIDED THE MODILI TO LKOLEKET EVEROUSE THE LOWERS

(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.

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### **UNOFFICIAL COPY**

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(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.)

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:)

- 6. (x) This power of at orney shall become effective immediately.
- 7. This power of attorney shall terminate on my death.

(insert a future date or event, such as court determination of your disability, when you want this power to terminate prior to your death.)

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

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

#### NANCY JO GUTHRIE

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business 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 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

9. 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.

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### **UNOFFICIAL C**

Page 4, Durable Power of Attorney of SHIRLEY M., TAYLOR

I am fully informed as to all the content of this form and understand the full import of this grant of powers to my agent.

Signed: JUNK 17 2814

Shely M. Jayer

(YOU MAY EUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE SPECTIVEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST COMPLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

Specimen signatures of agent (and successors)

I certify that the signatures of my agent (and successors) are correct.

BARBARA MARION DIEBOLD

SHIRLEY M. TAYLOR

NANCY JO GUTHRIE

SHIRLEY M. TAYLOR

(THIS POWER OF ATTORNEY WILL NOT BE EFFECTIVE UNLESS IT IS NOTARIZED AND SIGNED BY AT LEAST ONE ADDITIONAL WITNESS, USING THE FORM BELOW.) 16/4%

STATE OF ILLINOIS

) SS:

COUNTY OF COOK

The undersigned, a notary public in and for the above county and state, certifies that SHIRLEY M. TAYLOR, 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 certified to the correctness of the signature(s) of the agent(s)).

Dated: JUNK

Notary Public

OFFICIAL SEAL

NOTARY PUBLIC - STATE OF ILLINOIS

My Commission

The undersigned witness certifies that SHIRLEY M. TAYLOR, 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

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### **UNOFFICIAL COPY**

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free and voluntary act of the principal, for the use and purpose therein set forth. I believe him or her to be of sound mind and memory.

Dated: JUNG 12, 2014

(SEAL)

(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.)

This instrument was prepared by:
Joseph A. La Zara, Attorney-at-Law
7246 W. Touhy Avenue, Chicago, Ilinois 60631

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### LEGAL DESCRIPTION

#### Legal Description:

PARCEL 1:

UNIT 305 IN CASCADES OF NORRIDGE CONDOMINIUM II AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 2 IN CASCADES OF NORRIDGE, BEING A SUBDIVISION IN THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 12 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 93791701 MADE BY PARKWAY BANK AND TRUST COMPANY, AS TRUSTEE UNDER TRUST AGREEMENT DATED MARCH 18, 1993 AND KNOWN AS TRUST NUMBER 10556 IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK CCUNTY, ILLINOIS, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE 5, BOTH INCLUSIVE AND STORAGE SPACE 15 BOTH S.D.
101.

Out County Clarks Office INCLUSIVE, A LIMITED COMMON ELEMENT AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT 93/91'01.

Permanent Index Number:

Property ID: 12-11-102-110-1015

**Property Address:** 

8560 W. Foster Avenue, Unit 305 Norridge, IL 60706