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TITLE
GUARANTY
FUND,
INC.



Doc#: 0523020099 Fee: \$32.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 08/18/2005 02:39 PM Pg: 1 of 5

Illinois Offices:

Champaign = Chicago = Flossmoor Libertyville = Lombard = Mt. Prospect North Riverside = Oak Lawn = Belleville 800.252.0402

Wisconsin Office:
Mrunor
800.788.8569

FIRST AMERICAN TITLE

ILLINOIS STATUTCKY 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 1HL POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT ACTING PROPERLY. YOU MAY NAME SUCCESSOR ACENTS UNDER THIS FORM BUT NOT CO-AGENTS. UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THIS POWER OF 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 AFT'LR 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.)

Power of Attorney	made this	1	lth day o	of Jul	July		, 2005		$O_{\mathcal{K}_{\mathbf{a}}}$	
·	-	Day		1	Month		Year			
Donna	I. Vie	rth	aler, 2	866 Wil	derness	Ct.,	Wichi	ta,	KS 67276	
		·				· · ·	111.00			
				Name an	d Address of Princ	cipal	<u>.</u> .			
hereby appoint:	Scott	Ζ.	Bermān	, 9816	N. Keele	r, S	kokie,	IL	60076	
• • •							.			
				Name A	nd Address of Ag	ent				

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:



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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	g Retirement plan transactions	L. Business operations
c Stock and bond transactions	h. Social Security, employment and militar	y m. Borrowing transactions
d Tangible personal property transactions	Service benefits	n. Estate transactions
e. Safe deposit box transactions	Tax matters	e. All other property powers and
f Insurance and annuity transactions	j Claims and litigation	transactions
the distribution of the state o	k. Commodity and option transactions	
2. The powers granted acove shall not include a you may include any specific limitations you real estate or special rules on borrowing by the Limited specifical purchase of that contains a purchase of that contains a linear addition to the powers granted above. I guncluding, without limitation, power to make	the following powers or shall be modified or lindeem appropriate, such as a prohibition or conduct agent): 1y to the execution of documentain property commonly knowledge of the common of the execution of the e	nited in the following particulars (here itions on the sale of particular stock o ments for the own as and to the
revoke or amend any trust specifically referred NONE	Colow).	
	70x	
(YOU'R AGENT WILL HAVE AUTHORITY TO PROPERLY EXERCISE THE POWERS GRADISCRETIONARY DECISIONS. IF YOU WAS DECISION-MAKING POWERS TO OTHERS, STRUCK OUT.) 4 My agent shall have the right by written instead	NT TO GIVE YOUR AGENT THE RIGHT YOU SHOULD KEEP THE NEXT SENTEN	VI WILL HAVE TO MAKE ALL TO DELEGATE DISCRETIONARY CE, OTHERWISE IT SHOULD BE
,	s acting under this power of attorney at the time of	e amended or revoked by any agent of reference.
YOUR AGENT WILL BE ENTITLED TO REI ENDER THIS POWER OF ATTORNEY, STRI ALSO BE ENTITLED TO REASONABLE COM	(PENSATION FOR SERVICES AS AGENT.)	O NOT WANT YOUR AGENT TO
5 My agent shall be entitled to reasonable compe	nsation for services rendered as agent under this	power of attorney.
THIS POWER OF ATTORNEY MAY BE AN ABSENT AMENDMENT OR REVOCATION	MENDED 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

410 FORM 403 \$ 413 PEV 2:01 Ø 003

	July 11, 2005
this power of attorney shall become effective on	
Ansert a future date or event during your lifetime, such as court de	termination of your disability, when you want this power to first take effect.)
This power of attorney shall terminate on	
Insert a future date or event, such as court determination of yo	our disability, when you want this power to terminate prior to your death.)
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE FOLLOWING PARAGRAPH.)	THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN
to act alone and successively, in the order named) as success	or(s) to such agent:
To act about the	
incompetent or disabled person or the person is the one to give a licensed physician.	to be incompetent if and while the person is a minor or an adjudicated prompt and intelligent consideration to business matters, as certified by
ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE PARAGRAPH. THE COURT WILL APPOINT YOUR AGISERVE YOUR BEST INTERESTS AND WELFARE. STRITTO ACT AS GUARDIAN.)	N OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING ENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL KE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT
guardian, to serve without cond or security.	ted, I nominate the agent acting under this power of attorney as such
10. I am fully informed as to all the contents of this form and t	understand the full import of this grant of powers to my agent.
* Louna Victhaler Signature of Principal	
(YOU MAY, BUT ARE NOT REQUIRED TO, REQUI SPECIMEN SIGNATURES BELOW. IF YOU INCLUDE S MUST COMPLETE THE CERTIFICATION OPPOSITE TH	EST YOUR AGENT AND SUCCESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU IE SIGNATURES OF THE AGENTS.)
Specimen signatures of agent (and successors):	I certify that the signatures of my agent (and successors) are correct.
Agent	Principal
Successor Agent	Principal
	Principal
Successor Agent	

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

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6.

523020099 Page: 4 of 5 07/11/2005 11:28 FAX 847 Ø 007 The undersigned, a notary public in and for the above county and state, certifies that 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: MELINDA K. ROMAN (Carly) Public - Arizona Pima County Commission Expires My commission expires Optober 7, 2007 The undersigned witness certifies the name is subscribed as principal to the icopoling power of attorney, appeared before me and the notary public and acknowledged RTHALEX, known to me to be the same person whose signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory 7-11-05 Dated: (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 document was prepared by: Scott Z. Berman, Attorney at Law 9816 N. Keeler Ave., Skokie, JL 60076 (847) 329-7272 The requirement of the signature of an additional witness imposed by the amendatory Act of the 915 General Assembly applies only to instruments executed on or after the effective date of June 9, 2000. (P.A. 86-736.) 750 Price

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LEGAL DESCRIPTION

EXHIBIT "A"

PARCEL 1:

UNIT 209 AND PARKING SPACE P-49 IN SOUTH RIVER PARK CONDOMINIUM, AS DELINEATED AND DEFINED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE:

LOT 1 IN KINZIE PARK SUBDIVISION, BEING A RESUBDIVISION OF LOTS, BLOCKS AND VACATED STREETS AND ALLEYS IN WABANSIA IN 7HE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JULY 27, 1999 AS DOCUMENT NUMBER 99712460, IN COOK COUNTY, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORD D SEPTEMBER 13, 1999 AS DOCUMENT NUMBER 99867467 AND AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS CONDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PARCFI. 2:

EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AFORESAID, AS SET FORTH IN THE DECLARATION OF EASEMENTS, RESTRICTIONS, EASEMENTS AND BY-LAWS FOR KINZIE PARK HOMEOWNERS ASSOCIATION RECORDED MAY 27, 1999 AS DOCUMENT NUMBER 99514088. oung.

Property Address: 400 N. Clinton Street, Unit 209, Chicago, Illinois 60610

Pin Number: 17-09-112-021-1009

17-09-112-021-1102