

Doc#: 0623805009 Fee: \$50.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 08/26/2005 09:23 AM Pg: 1 of 3



|                      |                                      |
|----------------------|--------------------------------------|
| Document Prepared by |                                      |
| Name:                | Bruce Ballantyne                     |
| Address:             | 4701 W. Midlothian Turnpike, Suite 2 |
| Phone:               | Crestwood, IL 60445                  |

**SPECIFIC POWER OF ATTORNEY**

KNOW ALL PERSONS BY THESE PRESENTS:

I, Sandra Wilson ("Principal") maintaining an address at 1150 38<sup>th</sup> Avenue N.E. St. Petersburg, FL 33704 do hereby make and appoint Ementi Coary ("Agent") maintaining an address at: 1108 Quanset Ct. Schaumburg, IL 60194, my true and lawful attorney-in-fact for me and in my name, and in my behalf.

My Agent shall have full power and authority to perform the following in my place and stead:

ENTER INTO CONTRACTS : To obtain a mortgage for, and to sign closing documents on my behalf for said mortgage on the Property at 1108 Quanset Court, Schaumburg, IL 60194.

**STEWART TITLE OF ILLINOIS**  
2 N. LaSalle Street  
Suite 626  
Chicago, IL 60602  
312-849-4243

**Option B – Non-Durable**

This power of attorney is non-durable. This Specific Power of Attorney and the rights, powers, and authority of my Agent shall become effective immediately upon execution of this instrument. The rights, powers, and authority of this document shall remain in full force and effect only through the closing of above referenced mortgage

I hereby ratify and confirm all acts that my Agent, or my Agent's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights hereby granted.

My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney. If desired, my Agent shall also be entitled to reasonable compensation for any services provided as my Agent

If so requested by myself or any authorized personal representative or fiduciary acting on my behalf, my Agent shall provide an accounting for all funds handled and all acts performed as my Agent.

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# UNOFFICIAL COPY

The listing of specific terms, headings, rights, acts or powers are not intended to restrict or limit the definition or scope of powers granted herein in any manner. If any part of this document is held to be invalid, illegal or unenforceable under applicable law, then the remaining unaffected parts of the document shall still remain in full force and effect and not be affected by any partial invalidity.

No person needs to inquire as to the reasons for the use or issuance of this power-of-attorney or as to the disposition of any proceeds paid to my Agent based on this document.

Any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. If this Limited Power of Attorney is terminated by operation of law, any person relying in good faith on the authority of this document, without notice of such termination, shall be held harmless.

Agent shall not be liable for losses resulting from judgment errors made in good faith. However, Agent will be liable for breach of fiduciary duty, failure to act in good faith and/or willful misconduct, while acting under the authority of this Power of Attorney.

I may revoke this Power of Attorney at any time by providing written notice to my Agent.

Signed on 8/4/05 (date), at St Petersburg (city), Florida..

Handra Wilson  
Signature of Principal

Witness Signature: Erna Messenger  
Name: ERNA MESSINGER  
City: St Petersburg  
State: Florida

Witness Signature: Linda Osterholt  
Name: Linda Osterholt  
City: St Petersburg  
State: FL

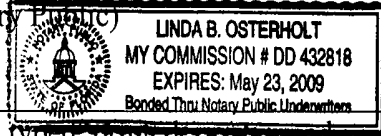
State of FLORIDA )  
County of Pinellas ) ss  
Florida )

# UNOFFICIAL COPY

The foregoing instrument was acknowledged before me this 4 day of August, 2005 by Sandra Wilson (name of Principal), who is personally known to me or who has produced \_\_\_\_\_ as identification.

*Linda Osterholt*

Signature of person taking acknowledgment  
(Notary Public)



Name typed, printed, or stamped

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