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Doc#: 0525214290 Fee: \$34.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 09/09/2005 01:50 PM Pg: 1 of 6

P.N. DEMETRIOS N DALMARES 16061 S 94TH AVE ORLAND HILLS, IL 60477

P.N.T.N.

6164

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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Power of Attorney, made this 12th day of June, 2005.
1. I, TOM KAKALETRIS, 8430 CARRIAGE LANE, TINLEY PARK, ILLINOIS 60477
hereby appoint <u>DEMETRIOS N. DALMARES</u> , 16061 S. 94 TH AVENUE, ORLAND HILLS, ILLINOIS 60477 as may 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:
a) Real Estate Transactions for: 8430 CARRIAGE LANE, TINLEY PARK, ILLINOIS 60477
2. The powers granted above small not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition
3. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars (here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent):
4. In addition to the powers granted above, I grant may agen, the following powers (here you add any other delegable powers including, without limitations power to make gits, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below.):
5. My agent shall have the right by written instrument to delegate any or all of the foregoing involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.
6 My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

7. (X) This power of attorney shall become effective on June 16, 2005

8. (X) This power of attorney shall terminate on June 23, 2005

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9. 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:

For purpose 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.

- 10. 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.
 - 11. I am fully informed as to all the contents of this form and understand the full impact of this grant pf powers to my agent.

grant pf powers to my agent.	
O CONTRACTOR OF THE PARTY OF TH	Signed Tom Kakaletris
(agent) (successor agent) (successor agent)	I certify that the signatures of my agent (and successors) are correct.
(agent)	(Principal)
(successor agent)	(Principal)
(successor agent)	(Principal)
State of Illinois))SS.	O _{FF}
County of Cook)	C
The undersigned, a notary public in and for the Kakaletris known to me to be the same person who foregoing power of attorney, appeared before me in persinstrument as the free and voluntary act of the principal certified to the correctness of the signature(s) of the age	above county and state, certifies that <u>Tom</u> see name is subscribed as principal to the son and acknowledged signing and delivering the for the uses and purposes therein set forth (, and

Dated: TMIL 2005 (Seal)

OFFICIAL SEAL
BASILIOS STAVROS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRETO 12/19/0P ub ic

My commission expires__

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The undersigned witness certified that <u>Tom Kakaletris</u> 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 use and purposes therein set forth. I believe him or her to be of sound mind and memory.

Dated: June 12, 2005

Witness

(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.)

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APPENDIX

NAME:		
STREET ADDRESS:		
CITY: STATE: ZIP:		
OR	RECORDER'S OFFICE BOX NO	
LEGAL DESCRIPTION:		
STREET ADDRESS:		

PERMANENT TAX INDEX NUMBER:

THE SPACE ABOVE IS NOT PART OF OFFICIAL STATUTORY FORM. IT IS ONLY FOR THE AGENT'S USE IN RECORDING THIS FORM WHEN NECESSARY FOR REAL ESTATE TRANSACTIONS.

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LOT 3 IN PHEASANT C PASE SUBDIVISION UNIT 1-A, B EING A SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 26, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN 27-26-312-005