## **UNOFFICIAL COPY**

Doc#: 0526314022 Fee: \$34.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 09/20/2005 07:31 AM Pg: 1 of 6

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### 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 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.)

POWER OF ATTORNEY made this \_\_\_\_\_ day of August, 2005.

 I, <u>Felix Lampariello</u>, hereby appoint <u>ROBERT V. BORLA</u> and/or <u>JOHN C. NORTH</u>, of BORLA, NORTH & ASSOCIATES, P.C., 6912 S. Main Street, Suite 200, Downers Grove, Illinois 60516

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:

le p118

0526314022 Page: 2 of 6

### **UNOFFICIAL COPY**

(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.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (I) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property powers and transactions.

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

1. 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):

THIS POWER IS LIMITED TO THE TRANSACTION INVOLVING FEAL ESTATE COMMONLY KNOWN AS:

AND LEGALLY DESCRIBED AS FOLLOWS:

LOT 33 AND THE NORTH 10 FEET OF LOT 34 IN SPRING GARDENS, A SUBDIVISION OF THE EAST ½ OF THE WEST ½ OF THE NORTHWEST 1/4 AND THE EAST ½ OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 19, 1925 AS DOCUMENT 8950766, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 18-09-119-030-0000

0526314022 Page: 3 of 6

### **UNOFFICIAL COPY**

2. In addition to the powers granted above, I grant my agent the following powers (here you may add any other delegable 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):

#### NONE

3. 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.

(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.)

4. My agent shall be entitied to reasonable compensation for services rendered as agent under this power of attorney.

(THIS POWER OF ATTORNEY MAY FE 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. ( ) This power of attorney shall become efrective IMMEDIATELY.

(INSERT A FUTURE DATE OR EVENT DURING YOUR LIFETIME, SUCH AS COURT DETERMINATION OF YOUR DISABILITY, WHEN YOU WANT THIS POWER TO FIRST TAKE EFFECT.)

7. (X) This power of attorney shall TERMINATE UPON COMPLETION OF SALE/PURCHASE OF

736 Kensington, LaGrange, Illinois 60525

(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.)

0526314022 Page: 4 of 6

### **UNOFFICIAL COPY**

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: ROBERT V. BORLA AND/OR JOHN C. NORTH, BORLA, NORTH & ASSOCIATES, P.C., 6912 S. MAIN STREET, SUITE 200, DOWNERS GROVE, ILLINOIS 60516 For purposes of this paragraph 8, a person shall be considered to 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 OUR PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

APPOINTMENT WILL SERVE YOUR BEST IN PARAGRAPH 9 IF YOU DO NOT WANT YOU	ITERESTS AND WELFARE. STRIKE OUR JR AGENT TO ACT AS GUARDIAN.)	
9. If a guardian of my estate (my proper acting under this power of atromey as such gu	rty) is to be appointed, I nominate the agent uardian, to serve without bond or security.	
	N/A	
10. I am fully informed as to air the coimport of this grant of powers to my agent.	ntents of this form and understand the ful	
Signed Jell Janullo (principal)		
(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 TE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)		
Specimen signatures of I certify that the signatures agent (and successors) of my agent (and successors) are correct.		
(agent)	(principal)	
(successor agent)	(principal)	
(successor agent)	(principal)	

0526314022 Page: 5 of 6

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

State of Illinois	)
County of Supage	) SS. )
The undersigned, a notary	/ public i

The undersigned, a notary public in and for the above county and state, certifies that <u>Felix Lampariello</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 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 agents(s)).

Date: OF CIAL SEAL"

MELISSA A. NIECKU A

NOTARY PUBLIC, STATE OF ILLINO'S

MY COMMISSION EXPIRES 9/13/2008

NOTARY PUBLIC

The undersigned witness certifies that <u>Felix Lampariello</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 uses and purposes therein set forth. I believe him or her to be of sound mind and memory.

WITNESS

This document was prepared by:

& MAIL TO :

BORLA, NORTH & ASSOCIATES, P.C.

6912 S. Main Street, Suite 200 Downers Grove, Illinois 60516

0526314022 Page: 6 of 6

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LEGAL DESCRIPTION

LOT 33 AND THE NORTH 10 FEET OF LOT 34 IN SPRING GARDENS, A SUBDIVISION OF THE EAST 1/2 OF THE WEST 1/2 OF THE NORTHWEST 1/4 AND THE EAST 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED June 19, 1925 AS DOCUMENT 8950766, IN COOK COUNTY, ILLINOIS.

Openty of County Clerk's Office 18-09-119-030-0000