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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY

(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 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 W ACL. 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.)

THIS POWER OF ATTORNEY made this 4TH day of August, 2005

VALERIA LEVITIN here by appoint TAMARA LEVITIN 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:

(YOU MUST STRIKE CATEGORIES OF POWERS YOU DO NOT GRANT YOUR JOINT 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 JUNE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY):

- (a) Any and all real estate transactions pertaining to 341 Leclaire, Wilmette, IL
- (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.
- (1) Business-operations.
- (m) Borrowing transactions.
- (n) Estate-transactions.
- (o) All other property powers and transactions.

Doc#: 0526535029 Fee: \$54.00 Fugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 19/20/2005 07:45 AM Pg: 1 of 4

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

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars: N/A.



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(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).

3. In addition to the powers granted above, I grant my agent the following powers:

ANY AND ALL POWERS NEEDED TO ENGAGE IN REAL ESTATE TRANSACTIONS IN MY NAME, TO NEGOTIATE AND EXECUTE ANY AND ALL NOTES, MORTGAGES, CONTRACTS, LEASES, DEEDS, RESPAS, CHECKS, DRAFTS, AUTHORIZATIONS AND ALL OTHER DOCUMENTS AND INSTRUMENTS IN MY NAME AND ON MY BEHALF.

YOUR AGENT WILL 'L' VE .UTHORITY TO EMPLOY OTHER PERSONS NECESSARY TO ENABLE TO AGENT TO PROPERLY EXERCISE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE 70 MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING POWERS TO OTHE 'S, Y DU 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.

(YOUR AGENT WILL BE ENTITLED TO REIMBURSEMENT FOR ALL AL. SONABLE EXPENSES INCURRED IN ACTING UNDER THIS POWER OF ATTORNEY. STRIKE OUT THE NEXT SENTENCE IF YOU DO NOT WANT YOUR AGENT TO ALSO BE INFINITED 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 POWEP IS SIGNED AND WILL CONTINUE UNTIL YOUR DEATH UNLESS; A LIMITATION OF THE BEGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING EITH IN (OR BOTH) OF THE FOLLOWING:)

- 6. (x) This power of attorney shall become effective on: IIV Y EDIATELY (INSERT A FUTURE DATE DURING YOUR LIFETIME, SUCH AS COURT DETERMINATION OF YOUR DISABILITY, WHEN YOU WANT THIS POWER TO FIRST TAKE EFFECT)
- 7. (__) This power of attorney shall terminate on: N/A.

 (INSERT A FUTURE DATE OR EVENT, SUCH AS COURT DETERMINATION OF YOUR DISABILITY, WHEN YOU WANT THIS POWER TO TERI (INAT. PP)OR TO YOUR DEATH)
- 8. If any agent named by me shall die, become incompetent, resign (refuse to accept the office of agent, I name the following (each to act alone and successfully, in the order named) as successor(s) to such agent: N/A.

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 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 3 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.)

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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.

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

PREPARED BY.

MAIL TO.

VALERIA LEVITIN

Signed

State of Illinois

County of Cook

The undersigned, a notary public in and for the above county and state certifies that VALERIA LEVITIN is personally known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney appeared borone me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes to ORIGO therein set forth.

Dated this 4th day of August, 2005

OFFICIAL SEAL

A. SHERBAKOV NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 5/30/2008

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GENE MELTSER As An Agent For Fidelity National Title Insurance Company 1941 Rohlwing Road Rolling Meadows, IL 60008

> **ALTA Commitment** Schedule A1

File No.: RTC46978

Property Address:

341 N. LECLAIRE, WILMETTE IL 60091

Legal Description:

THAT PART OF LOT 2 LYING WEST OF A LINE DRAWN FROM A POINT IN THE NORTH LINE OF SAID LOT 9.5 FEET WEST OF THE NORTHEAST CORNER OF SAID LOT TO A POINT IN THE EAST LINE OF SAID LOT 19.5 FEET SOUTH OF THE NORTHEAST CORNER OF SAID LOT IN BLOCK 8 ALL IN UNITED REALTY COMPANY'S GLENAYRE GARDENS, A SUBDIVISION IN THE SOUTHEAST 1/4 AND THE SOUTHWEST 1/4 OF SECTION 31, TOWNSHIP 42 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Clert's Office

Permanent Index No.:

05-31-406-013-0000