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Doc#: 0527202123 Fee: \$34.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 09/29/2005 10:01 AM Pg: 1 of 6

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, YOU 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 "SHORT FORM POWER OF ATTORNEY FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART.

POWER OF ATTORNEY, made this 22nd day of August, 2005

1. I, Robert H. Malott, as Trustee under Trust Agreement dated June 6, 1973 and known as the Robert H. Malott Insurance Trust Agreement of Chicago, IL, hereby appoints Christopher Stasko, of Chicago, Illinois, or in the alternative, John Gall of Chicago, Illinois 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 inserted in paragraph 2 or 3 below.

(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 THEIR POWERS DESCRIBED IN THAT

AGTF, INC.

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CATEGORY TO BE GRANTED TO THE AGENT. TO STRIKE OUT A CATEGORY YOU MUST DRAW A LINE THROUGH THE TITLE OF THAT CATEGORY)

Categories:

- 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 litigations~~
- ~~_____ k: Commodity and option transactions~~
- ~~_____ l: Business operations~~
- ~~_____ m: Borrowing transactions~~
- ~~_____ n: Estate Transactions~~
- ~~_____ o: All other property powers and transactions~~

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S 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 (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):

Act as Power of Attorney for the Sale of the property located at 520 Roslyn, Kenilworth, Illinois

3. 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):

N/A

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

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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 YOU AGENT TO ALSO ENTITLED TO REASONABLE COMPENSATION FOR SERVICES AS AGENT.)

- 5. My agent shall be entitled to reasonable compensation for serviced rendered as agent under this power of attorney.

(THIS POWER OF ATTORNEY MAY BE AMENDED OR REVOKED BY YOU AT ANY TIME AN IN ANY MANNER. ABSENT AMENDMENT OR REVOCATION, THE AUTHORITY GRANTED IN THIS POWER OF ATTORNEY WILL BECOME EFFECTIVE AT THE TIME THE 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. X PLM This power of attorney shall become effective on 9/12/05 (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 PLM -This power of attorney shall terminate on 9/12/05 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 ADDRESSES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

- 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:

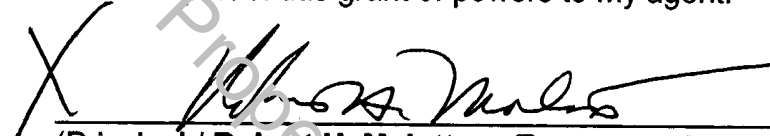
For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is amino or an adjudicated incompetent or disabled person or the person is unable to five prompt and intelligent consideration to business matters, as certified by a licensed physician.

(IF YOU WISH TO NAME YOU AGENT AS GUARDIAN OF YOUR ESTATE, IN THE EVENT A COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT

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ARE NOT REQUIRED TO, DO SO BY RETAINING THE FOLLOWING PARAGRAPH. THE COURT WILL APPOINT YOU AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKEOUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACT AS GUARDIAN.

- 9. 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.
- 10. 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.

X 

(Principal / Robert H. Malott, as Trustee under Trust Agreement dated June 6, 1993 and known as the Robert H. Malott Insurance Trust Agreement)

(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 THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.)

I certify that the Specimen signatures of my agent and successors of my agent are correct

Agent

Principal

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

Dated: 8/22/05

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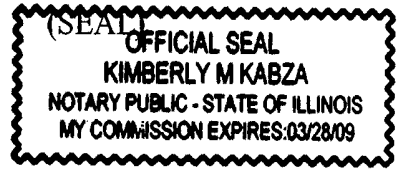
Witness Jaidi L. Jancig

STATE OF IL)
COUNTY OF Cook) SS

The undersigned, a notary public in and for the above county and state, certifies that **Robert Malott**, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the issues and purposes therein set forth (and certified to the correctness of the signature(s) of the agent(s)).

K. Kabza
NOTARY PUBLIC

My Commission expires:
3/28/09



THIS DOCUMENT WAS PREPARED BY AM Return to
Richardson, Stasko, Boyd & Mack, LLC
20 S. Clark Street, Suite 500
Chicago, Illinois 60603
312.372.7075

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

Lot 8 in Block 21 in Kenilworth Company's Addition to Kenilworth, being a Subdivision of part of Section 28, Township 42 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number:

Property ID: 05-28-215-011-0000

Property Address:

520 Roslyn Road
Kenilworth, IL 60043

Property of Cook County Clerk's Office