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ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

Mail to: Anthony Campanale 19 South LaSalle Street, #1500 Chicago, IL 60603

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 FOWERS TO PLEDGE, SELL OR OTHEROVISE DISPOSE



Doc#: 0532240135 Fee: \$34.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 11/18/2005 03:59 PM Pg: 1 of 6

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 FOWERS; 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 BELCH, INTIL YOU REVOKE THIS POWER OR A COURT ACTING ON YOUR BEHALF TERMINAFES 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 FOR PROPERTY LAW" OF WHICH THIS FORM IS A PART.

POWER OF ATTORNEY, made this 18 day of October, 2005.

1. I, Adrianna Wright, President of Neighborhood Development Partners, Inc., an Illinois corporation, hereby appoint my attorney. Anthony Campanale, with offices at 19 S. LaSalle Street, Chicago, IL 60603, 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 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)

| Categories | |
|-----------------|--------------------------------------------------------------------------------|
| a: | Real Estate Transactions, including the authority to execute deeds |
| b: | Financial Institution Transactions |
| е:- | Stock and Bond Transactions |
| d: | Tangible personal property transactions |
| - e: | - Safe deposit box transactions |
| | Insurance and annuity transactions |
| | |
| 9. | Retirement plan transactions |
| n: | Social Security, Employment and Military Service Benefits |
| i: | Tax matters |
| j: | Claims and litigations |
| | Commodity and option transactions |
| | -Rusiness operations |
| m: | Fortowing transactions, including the authority to execute notes and mortgages |
| n: | Estate Transactions |
| ٥. | All other property powers and transactions |

(LIMITATIONS ON AND ADDITIONS TO THE AGENT'S POWERS MAY BE INCLUDED IN THIS POWER OF ATTORNE' (IF THEY ARE SPECIFICALLY DESCRIBED BELOW)

The powers granted above shall not include the following powers or shall be 2. 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):

No Limitations

3. In addition to the powers granted above, I grant my a just the following powers (here you may add any other delagable 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):

No Limitations

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 pursons 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 IN THE YOUR DEATH.
- 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. This power of attorney shall become effective on execution.
- 7. This power of attorney shall terminate on October 31, 2005.

(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT THE NAME(S) AND ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOWING PARAGRAPH.)

8. If any agent name i 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 successively to such agent:

None

For purposes of this paragraph), 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 EVENTA COURT DECIDES THAT ONE SHOULD BE APPOINTED, YOU MAY, BUT ARE NOT REQUIRED TO, DO SO BY RETAINING THE FULLOWING PARAGRAPH. THE COURT WILL APPOINT YOU AGENT IF THE COURT FINDS THAT SUCH APPOINTMENT WILL SERVE YOUR BEST INTERESTS AND WELFARE. STRIKE OUT PARAGRAPH 9 IF YOU DO NOT WANT YOUR AGENT TO ACTUAS GUARDIAN.

 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.

LEGAL DESCRIPTION: See attached

Permanent Index Number: 20-29-211-C41

Property Address: 7246 South Morgan, Chicago, IL

| 10. | of this grant of powers to say agent. |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adria | nna Wright, President of Neighborhood Development Partners, Inc. |
| INCL | MAY, BUT ARE NOT REQUIRED TO, REQUEST YOUR AGENT AND SESSOR AGENTS TO PROVIDE SPECIMEN SIGNATURES BELOW. IF YOU DE SPECIMEN SIGNATURES IN THIS POWER OF ATTORNEY, YOU MUST PLETE THE CERTIFICATION OPPOSITE THE SIGNATURES OF THE AGENTS.) |
| certi | y that the Specimen signatures of my agent and successors of my agent are correct |
| Agen | Principal |
| Agent | Principal |
| NOTA | POWER OF ATTORNEY WILL NOT BECOME EFFECTIVE UNLESS IT IS RIZED AND SIGNED BY AT LEAST ONE UDDITIONAL WITNESS, USING THE BELOW |
| perso me ar free a | ndersigned witness certifies that Adrianna Wright, known to me to be the same whose name is subscribed to the foregoing power of alterney, appeared before d the notary public and acknowledged signing and delivering the instrument as the id voluntary act of the principal, for the uses and purposes therein set forth. I believe be of sound mind and memory. |
| Dated | d voluntary act of the principal, for the uses and purposes there is set forth. I believe be of sound mind and memory. |
| Witne | s · |

STATE OF ILLINOIS } SS. COUNTY OF COOK }

I, the undersigned, a Notary Public in and for the County of Cook, and residing in the said County, in the State aforesaid, DO HEREBY CERTIFY, that Adrianna Wright, personally 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 this day in person, and acknowledged that she signed, sealed and delivered the said instrument as a free and voluntary act of the principal, for the uses and purposes therein set forth and certified to the correctness of the signatures of the agent.

GIVEN under my hand and notarial seal, on October 18 , 2005.

OFFICIAL SEAL SEAN T. KLOCK NOTARY PUBLIC. STATE OF ILLINOIS ly Commission Expires Nov. 8, 2008

This document prepared by and picase mail to:

SOL OLINIA CLOPA'S OFFICE Anthony Campanale, Anthony Campanale & Associates, 19 S. LaSalle St. #1500, Chicago. IL 60603, 312-641-2233

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Lot 20 in Block 4 in McKay's Addition to Englewood, being a subdivision of the East 1/2 of the Northwest 1/4 of the Northeast 1/4 of Section 29, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN# 20-29-211-041-0000

Property of Cook County Clerk's Office