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Doc#: 0536205040 Fee: \$34.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 12/28/2005 09:18 AM Pg: 1 of 6

Power

Attorney

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Prepared by 2

Veturn to:

Hester International

1105 Mil Waukel Ave

Suite 600

Neverwoods, Te 6015

## ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

NOTICE: THE FURPOSE 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 ACENT. TO A RECISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT. WILL HAVE TO USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCOLDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, ACCOLDANCE WITH THIS FORM AND KEEP A RECORD OF RECEIPTS, DISBURSED ENTS AND SEGNEFICANT ACTIONS TAKEN AS AGENT. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS THE AGENT IS NOT 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 CIVE 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 ATTORNEY FORM). THAT LAW EXPRESSLY FRMITS THE USE OF ANY DIFFERENT FORM OF POWER OF ATTORNEY YOU MAY DESIRE.

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 FYTLAIN IT TO YOU.)

POWER OF ATTORNEY made this 29 day of Nov (a. o.b.) 2005 (year). I,

Julie A Dums (basit name and address of principal) here? A point:

Todd A Dumstorf 816 W Nichols Arlington Hrs II (insert name and address of agent) as my attorney-in-fact (my "agent") to act for me and in 11y name (in any way I address of agent) as my attorney-in-fact (my "agent") to act for me and in 11y name (in any way I address of agent) as my attorney-in-fact (my "agent") to act for me and in 11y name (in any way I short Form Power of Attorney for Property Law" (including all amendments), but 41 just to any Short Form Power of Attorney for Property Law" (including all amendments), but 41 just to any limitations on or additions to the specified powers inserted in paragraph or below:

CYOU 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 DOWERS DESCRIBED IN THAT CATEGORY TO BE GRANTED TO THE AGENT THAT CATEGORY.)

(a) Real estate transactions.

Legal Description:

P.A. 816 W. Nichols RU Arlington HTS, EL 60004

LOT 275 IN TERRAMERE OF ARLINGTON HEIGHTS UNIT 6, BEING A SUBDIVISION IN THE NORTH HALF OF FRACTIONAL SECTION 6, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF RECORDED NOVEMBER 7, 1980, AS DOCUMENT NO. 25657004, IN COOK COUNTY, ILLINOIS.

PIN: 03-06-201-052-0000

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

mited in the	granted above shall not include the following powers or shall be modified or efollowing particular stock or real estate such as a prohibition or conditions on the sale of particular stock or real estate as on borrowing by the agent);	•
Real	Estate Transaction Solely	
1,00		
may add an	to the powers granted above, I grant my age of the following powers (here you other delegable powers including, without limitation, power to make gifts, were of appointment, name or change beneficiaries or joint tenants or revolves trust specifically referred to below):	u E
Angenia de la companya de la company		

(YOUR AGENT WILL HAVE AUTHORITY TO EMPLOY OTHER PERSONS AS NECESSARY TO ENABLE THE AGENT TO PROPERLY EXERCISE THE POWERS GRANTED IN THIS FORM, BUT YOUR AGENT WILL HAVE TO MAKE ALL DISCRETIONARY DECISIONS. IF YOU WANT TO GIVE YOUR AGENT THE RIGHT TO DELEGATE DISCRETIONARY DECISION-MAKING FOWERS TO OTHERS, YOU

SHOULD KEEP THE NEXT SENTENCE, OTHERWISE IT SHOULD BE STRUCK OUT.)

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.)

My agent will 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 MACHER. 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 REGINNING DATE OR DURATION IS MADE BY INITIALING AND COMPLETING ETHER (OR BOTH) OF THE FOLLOWING:)

November 29 2005	(insert a future date
November 29 2005 or event during your lifetime, such as court determination of your power to first take effect).	disability, when you want this
( ) This power of attorney shall terminate on December 10 2005	(insert a future date
or event, such as court determination of your disability, when y prior to your death)	'S-
(IF YOU WISH TO NAME SUCCESSOR AGENTS, INSERT ADDRESS(ES) OF SUCH SUCCESSOR(S) IN THE FOLLOW	THE NAME(S' AND VING PARAUPATH.)
If any agent named by me shall die, become incompetent, resignated, I name the following (each to act alone and successively, in such agent:	on or refuse to accept the office of the order named) as successor(s) to
For pu	rposes of this paragraph, a
person shall be considered to be incompetent if and while the p incompetent or disabled person or the person is unable to give probusiness matters, as certified by a licensed physician.	erson is a minor or an adjunctated mpt and intelligent consideration to

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

PARAGRAPH IF YOU DO NOT WANT YOUR AGENT TO ACT AS 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. I am fully informed as to all the contenie of this form and understand the full import of this grant of powers to my agent. Signed Julie A Dumstorf (principal) (YOU MAY, BUT THE 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 signatures of my agent Specimen signatures of (and successors) are compe agent (and successed 11 Hillemoto (principal) 1000 **Julie A Dumstorf** (principal) Todd A (Successor affent (principal) (successor agent) (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 TLLINOIS ) SS.

County of Dy PAGE )

The undersigned, a notary public in and for the above county and state, certifies that SULEA. DUMSTORE, 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 agent(s)). Dated: II/3O/OS (SEAL)

antone ta E. Walkourg

Official Seal
Antonietta E. Walkowicz
Notary Public State of Illinois
My Commission Expires 06/23/07

## UNOFFICIAL COPY

Notary Public My commission expires  $\frac{1/23/07}{}$ . The undersigned witness certifies that JULE DUMS Tacknown 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. (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.) This document was repared by: Of County Clert's Office