

UNOFFICIAL COPY

WHEN RECORDED MAIL TO:

WALTER NELSON
277 HENNER CT
ROMEONVILLE, IL 60446



Doc#: 0603702279 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/06/2006 09:43 AM Pg: 1 of 2

PREPARED BY
WALTER NELSON

LOAN # _____
ESCROW CLOSING # _____
CASE # _____

SPECIFIC POWER OF ATTORNEY

P.N.T.N.

KNOW ALL MEN BY THESE PRESENTS, that I Jeannette Nelson
herewith nominate, constitute and appoint Walter Nelson on 11/22/05
my true and lawfully attorney-in-fact, for me and in my name, place and stead to:

Contract for, purchase, receive and take possession of; to sell, exchange, grant or convey with or
without warranty, to mortgage, transfer in trust, or otherwise encumber or hypothecate the property
legally described as:

LOT 21 IN BLOCK 5 IN GEORGE W. WELLS AND OTHERS SUBDIVISION OF
BLOCKS 5 TO 8 IN MENAGE'S SUBDIVISION OF SOUTH 1/2 OF BLOCKS 10, 11, 12
AND NORTH 1/2 OF BLOCKS 14, 15, 16 IN FIRST ADDITION TO KENSINGTON
BEING A SUBDIVISION IN NORTHWEST 1/4 OF SECTION 27, TOWNSHIP 27 NORTH
RANGE 14 EAST OF THE MERIDIAN, PRECINCT 12, COOK COUNTY,
ILLINOIS. 25-27-118-006

whose address is 1217 S. State Street, Chicago, IL 60608

and to endorse, sign, seal, execute and deliver any and all mortgages, Deeds of Trust, Deed of Trust
Notes, notes or bonds, financing statements, checks, drafts or other negotiable instruments and other
written instrument(s) of whatever kind reasonably required to effectuate this loan

I also authorize my attorney-in-fact, when appropriate, to execute in my name and behalf, such
papers and documents as may be required to obtain and consummate a mortgage loan including but
not limited to mortgage loans guaranteed and/or insured by the Federal Housing Administration
(FHA), or otherwise, and to execute such documents as may be required by FHA, and to execute
loan settlement statements, certifications of occupancy, statements required by the Federal
Truth-in-Lending Law or Real Estate Settlement Procedures Act of 1975, and any and all other
papers necessary or proper to obtain and consummate said loan.

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DISABILITY:

7. This Power of Attorney shall not be affected by my disability and/or incapacity.

TERMINATION OF POWER OF ATTORNEY:

8. This Power of Attorney shall remain in full force and effect until revoked, suspended or terminated by a document executed and acknowledged by me and recorded among the Land Records of the County of _____ State of Illinois. This Power of Attorney shall be binding on me, my heirs, successors, assigns, executors, administrators and personal representatives, and any person receiving this Power of Attorney shall be entitled to rely on the authority herein given until and unless a document expressly revoking the powers herein given is recorded among the aforesaid Land Records.

RATIFICATION:

9. And I, the said _____, hereby ratify and confirm all and whatsoever my Attorney or any attorney by my Attorney hereunder substituted, shall lawfully do or cause to be done in and about the premises by virtue of these presents by my death or in any other manner, and notice of such revocation reaching my attorney.

IN WITNESS WHEREOF, I have hereto set my hand and seal this 17th day of November

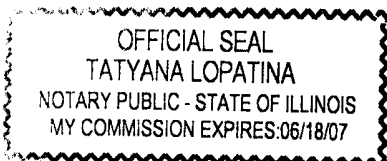
Jeanette Nelson (Signature)

STATE OF Illinois

COUNTY OF Cook

On this 17th day of November 2005, before me the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument, and appearing to be of sound and disposing mind and memory and acknowledged that he executed the same for the purposes herein contained.

IN WITNESS WHEREOF I hereto set my hand and official seal.



Notary Public

My Commission Expires: 06/18/07

[Handwritten signature]