#2088 P

UNOFFICIAL COPY

GENERAL POWER OF ATTORNEY

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM 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. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

of 10141 SOUTH STATE STREET, CHICAGO, ILLINOIS 60628...

the undersigned Grantor, do hereby make and grant a general power of attorney to...

EDDIE G. HUGGINS...

STATE STREET, CHICAGO, ILLINOIS 60628...

and do thereupon constitute and appoint and individual as my attorney-in-fact.

My attorney-in-fact shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

(NOTICE: The Grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (M) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out power withheld.

- (A) Real estate transactions
- [X] (B) Tangible personal property transactions
- X] (C) Bond, share and commodity transactions
- X] (D) Banking transactions
- (E) Business operating transactions
- [X] (F) Insurance transactions
- X] (G) Gifts to charities and individuals other than attorney-in-fact
- χ] (H) Claims and litigation
- [X] (I) Personal relationships and affairs
-] (J) Benefits from military service
- [X] (K) Records, reports and statements
- (L) Full and unqualified authority to my attorney-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select

[X] (M) All other matters

Doc#: 0607948079 Fee: \$50.00

LAW TITLE INSURANCE

2900 OGDEN STE 101

LISLE IL 60532

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 03/20/2006 10:39 AM Pg: 1 of 3

THE SIGNATURES OF THE PARTIES EXTENSION THIN IT THE PARTIES EXTENSION THE PARTIES EXTENSION TO THE PARTIES EXTENSION TO THE PARTIES OF T

UNOFFICIAL COPY

Other Terms:

N/A

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL B3 INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OF KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN PACTIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL, CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Signed under seal this 20 - 4	day of Oct., 2004
Signed in the presence of:	
Inanda Caray	lager Huggins
Witness	irantor 1
Witness Wolls	Attorney-in-Fact SICIAL SEAL"
0.00	Pausy J Wooten Notary Public State of Illinois
State of County of County of County	My Commission Fx ₂ , 10/15/2007
On Of 20,300 4 before me, Jayre	R. Huggers + believ J. Huggis
appeared Jours P. Augura & Edd	a Musica
personally known to me (or proved to me on the person(s) whose name(s) is/are subscribed to the with	basis of satisfactory evidence) to be the
he/she/they executed the same in his/her/their author	ized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s), or the	entity upon behalf of which the person(s)
acted, executed the instrument.	
WITNESS my hand and official seal.	
Signature Portsy Il Maler	

, ²

Type of ID_

2900 Ogden Ave., Suite 108, Lisie, Illinois 60532

Authorized Agent For: Lawyers Title Insurance Corporation

SCHEDULE C - PROPERTY DESCRIPTION

Commitment Number: 261881P*REV.2.23.06

The land referred to in this Commitment is described as follows:

FOR INFORMATION ONLY: 25-10-316-003

10141 SOUTH STATE STREET, CHICAGO IL 60628

THE PROPERTY ADDRESS AND ZIP CODE ARE PROVIDED FOR CONVENIENCE ONLY AND ARE NOT INSURED HEREBY.

THE SOUTH 1/2 OF MORTH 66 FEET OF THAT PART OF LOT 4 LYING EAST OF THE EAST LINE OF STATE STREET AND WEST OF ALLEY (AS SHOWN ON PLAT OF KAISER AND COMPANY'S 2ND MICHIGAN AVENUE SUBDIVISION) IN BOONE'S ET AL SUBDIVISION OF SOUTH WEST 1/4 OF SOUTH WEST 1/4 OF SOUTH WEST 1/4 OF SCOTION 20, TOWNSHIP 3 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALTA Commitment Schedule C

(261881.PFD/261881P/11)